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THE ALKALOIDAL CLINIC

A Monthly Journal Devoted to Accuracy in Therapeutics, with Practical Suggestions Relating to the Clinical Application of the Same.

EDITORIAL STAFF

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ADDRESS

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QUESTIONS of probable interest to our readers will be answered in our Miscellaneous Department. We expect these to add much value to our pages.

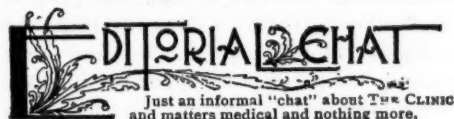
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IMPORTANT BUSINESS MATTERS.

A WORD OF ACKNOWLEDGMENT.

As we close the work of this year, preparatory to opening a more vigorous campaign in the next, a brief report is due those who have supplemented our labors with personal effort and interest. The year of 1897 will go down in history as a hard-times year, and yet the CLINIC has

made a greater proportionate gain this year than in any other two years before, so that to-day it stands fourth, if not third, in circulation among the medical journals of America, while in actual influence it probably stands second to none. This fact is being appreciated, not only by our subscribers who are renewing almost to a man, but by our advertisers as well, so that old ones are sticking by us in the face of advanced rates and new ones are coming every month. We say to them as we say to you, when the CLINIC isn't worth the price, pay up and stop.

For this gain great credit is due Dr. W. F. Waugh, who has given freely of his time and ability to the literary work of the journal, leaving your managing editor more time to devote to its business interests, while the credit for its generally acknowledged superiority of typographical make-up is due to its own printing plant which, under the efficient management of Mr. E. E. Terbush, has made the CLINIC fair to look upon.

Thanking you heartily for your co-operation in the past we earnestly urge each subscriber and advertiser to join us in a strong effort, during '98, to advance mutual interests. The more you can do for us the more we can do for you.

WHAT'S THE MATTER WITH TEXAS?

As is well known to our readers, the CLINIC has been extending the courtesy of a continuance to over-due subscriptions, expecting such to renew at the earliest possible moment, and most have done so. Just before going to press we learn from the subscription-list clerk, that several states are behind, states that one would not suspect of being delinquent; Texas, Illinois, Pennsylvania, Missouri, New York and Ohio in the order named. Let every pink-wrapper subscriber do his part for the

state which he represents and we'll see how the order stands next month.

If for any reason you want the CLINIC stopped, pay up and say so. If, on the other hand, the CLINIC is worth an honest dollar to you, and we trust it is, let us have it when it is due.

A NEW YEAR'S SUGGESTION.

We want you to get all your medical friends into the CLINIC family—that is, all those that you will recommend as suitable and will vouch for as up-to-date, honest men—and we propose that with your renewal you send us the names of all such and we will send them sample copies, with a letter saying that it is sent at your request and, of course, inviting them to subscribe. If your renewal is not due send the names any way. We want 5,000 to use in January and will be ready for them. Don't forget to send your list.

HOW TO EARN A DOLLAR.

To show our appreciation of any work you may do for us, if you will send us three new subscribers with three dollars we will advance your subscription one year and send you a new filled premium case; or, send us three dollars and we will advance your subscription four years. If your premium case is getting shabby, or you want another for any other reason, send us a new subscriber with your renewal and it is yours, filled as selected from our list of thirty, given in connection with our premium order blank on ad. page v.

We want the full co-operation of our friends and are glad and ready to reciprocate. Whenever you get an extra copy of the CLINIC, which you will three or four times next year, remember that it is a special invitation to you to use it in getting us one or more new subscribers.

OUR ADVERTISERS.

We learn it is considered quite the thing by some doctors to look with disdain upon the advertising pages of a medical journal,

and some even go so far as to propose to strip the ad. pages off the journal as soon as it arrives. We sincerely trust there are none such in the CLINIC family. If there are, and they will notify us, we will cut them off at once and return their money (unless, as is more likely, they are not already in arrears) for a doctor that does not appreciate the up-to-date advertising done in the CLINIC is not fitted to appreciate and profit by the work we are doing and it is better for us to have him out than in. So, if you are of this little moss-grown, self-satisfied class, let us know and we will part company. If, on the other hand, you are broad-minded and progressive, ready and willing to advance, quick to see and profit thereby, join hands with us not only to advance the interests of the body pages of the CLINIC, but its advertising pages as well. They are worthy every one!

OUR LEADING ARTICLES.

The fine paper by Professor Holmes is an indication of what we expect to present our readers during the coming year. While the CLINIC is a journal devoted to its readers, to record their experience, discuss their difficulties and share their knowledge in a brotherly way, we expect to draw more than ever upon the great leaders in our profession, and give to their thoughts the wide circulation our columns afford. We do not care to announce at present the papers that have been promised us, because very busy men find it difficult to prepare their work properly at fixed dates; and it is unwise to make promises that other persons not under our control are expected to fulfil. But we expect to have in each number of the CLINIC at least one article from one of the men whose names are known throughout the land for their achievements in the field of medical art.

As a specimen, we take pleasure in presenting this month Dr. Bayard Holmes'

article. The author is one of the foremost members of that galaxy of surgeons who have placed Chicago at the head of American surgery. The portrait does not do him justice; for while it shows the determination that befits the surgeon, only those who know him can see the kindly spirit behind it. At the Hyde Park Sanatorium Dr. Holmes has operated in the following cases: Cholecystotomy; cancer of the stomach; appendicitis; salpingitis; colotomy for rectal cancer; prostatectomy; rectal ulcer with enormous perineal abscess and fecal infiltration; and each operation has confirmed the surgeon's high place in the estimation of those who witnessed his work.

The paper by Dr. Fisher will be read with interest. While few of us are eye-specialists, there is none who will not be benefited by knowing how to recognize these grave conditions, and appreciate the necessity of early and judicious treatment. Dr. Fisher is at the head of the Eye, Ear, Nose and Throat College, noticed in our October editorials.

Dr. Pyncheon calls attention to the internal use of a remedy well known and deservedly popular as a local application. He draws a distinction directly in the line of alkalometric principles between the tonic effects of the crude hydrastis and the specific action of the white alkaloid, hydrastine, upon the mucous membrane. This is an important point, and should be "minded."

Dr. Aulde continues his valuable discussion of dyspepsia; seeking to unify the various disorders of the stomach, and treat them from a central point. No more practically useful work can be done, for these affections comprise a large part of our daily work. And it would be indeed difficult to find one as well equipped for such a study as Dr. John Aulde.

Dr. Bacon has the happy faculty of writing concisely yet clearly upon that most troublesome of complaints, nasal catarrh.

If a cure is to be had in that disease it is only in just such a thorough study of its various locations, forms and causative factors. The conclusion of this series will be devoted to nasal syphilis, and will appear in the January CLINIC.

Dr. Alford contributes an interesting paper upon that much discussed subject, malarial hematuria. As it has received editorial comment already, we will add nothing here.

Dr. Sparks writes upon one of the most important questions in medical practice, one of the most common and of the least understood. We need not even go into our every-day practice to find the subjects of constipation; for we will venture the assertion that there is not one of our 20,000 readers but can find a case or two in his own house.

THE END OF THE YEAR.

The close of the year 1897 sees THE ALKALOIDAL CLINIC well advanced in the ways of prosperity and progress. We doubt if many medical journals can boast of so large and so excellent a corps of contributors. Our sole object is to publish a journal that is really useful to its readers, especially in the field of therapeutics; and this has compelled us to leave out many excellent papers we have received which were yet not directly practical in their scope.

But with us there is no such thing as sitting down to rest; no feeling of having completed our work. We are constantly planning to make the CLINIC better, to bring it closer to the needs and the hearts of its readers. No suggestion pointing in this direction is overlooked by us. To our work we may well apply the words of the great poet-physician:

"Build thee more stately mansions, O my soul,

As the swift seasons roll!

Leave thy low-vaulted past!

Let each new temple, nobler than the last,
Shut thee from heaven with a dome more
vast,

Till thou at length art free,
Leaving thine outgrown shell by life's un-
resting sea!"

PULMONARY DISEASES.

The digestive system claimed our attention during the summer, typhoid and malarial fevers occupied the front rank during the fall, and now the affections of the respiratory organs demand consideration.

What a crowd of new remedies has been suggested during the year. New drugs, new methods, and new ideas as a basis for our therapeutics, have crowded upon us so thickly that we scarcely know which of the numerous good ideas we ought to try first. Let us take a glance at a few of them.

CROUP.

We are only waiting for the first chance to try Dr. Case's remedy, calcium iodide. Already some reports have been received, and we trust that we shall soon receive many more. And on both sides, too. Let those who have not found the remedy successful tell us of the failure. But be sure to turn back to Dr. Case's paper and see that in dose and method of administration you are following his instructions, or else the test is not a fair one. And be sure you are using the brown iodide which he found to be alone efficacious, and not the white.

Then there is the sanguinarine method; giving this agent to the production of physiological effects, and thereby striving to energize the ailing parts up to the point of throwing off the disease-process. There is something in the tonic-jugulation idea. We have many times cured pharyngeal catarrh in a few hours by the local application of powerful astringent mixtures.

We have spoken elsewhere of calcium sulphide, given to saturation, as a remedy for

that form of croup that is truly caused by the diphtheritic micro-organisms. We must be bold in the use of this remedy if we expect to obtain its best effects. But must we not be bold with the use of any remedy in diphtheria?

Croup and diphtheria do not come by chance. Nor are they to be looked upon as visitations from the Almighty, unless it be in the way of punishment for our hygienic sins. In every case of either the premises must be investigated and put in order, before a dose of medicine is ordered. Bad hygiene is the father and the mother of malignancy.

PNEUMONIA.

But if there is a choice of means for treating croup, what are to say of pneumonia? The multiplicity of methods is bewildering. Dr. A., who treats robust farmers in a healthy locality, is convinced that veratrum is the greatest of remedies, with an occasional venesection. Dr. B., who practises in the malarial belt, believes that there is a real specific action in quinine. Dr. C., whose clientele embraces a lot of Polish Jews, crowded together in the city slums, cannot comprehend why anyone treats pneumonia except by stimulants, feeding well, keeping up the heart-strength, and stimulating with corn whiskey. Dr. E., who is a resident in a city hospital, employs the cold bath method, with the aid of convenient apparatus and his trained nurses; while Dr. F., who is a bit of a crank and fond of new-fangled ways, puts all his patients alike, strong and weak, upon digitalis or ergot or strychnine.

Meanwhile the editor, who is quite as cranky as any, prescribes a sufficiency of the W.-A. Intestinal Antiseptics in every case, and uses veratrine or digitalis, as may be needed, with a decided preference for hot poultices instead of cold baths, and relieves dyspnea by steam inhalations.

CONSUMPTION.

The principle of intestinal antiseptics finds here one of its most useful applications; since it is of the utmost necessity to keep the alimentary canal free from infection and the digestive functions up to the highest efficiency. And this can best be done by the use of the W.-A. Intestinal Antiseptics, from six to ten daily. Try this suggestion, and note how many symptoms are benefited by it.

Iodoform has not been given as freely as it should be. I often give fifteen grains a day, rarely less than ten, to consumptives. The rule is to begin with a grain three times a day and increase until warned to stop by the occurrence of sneezing and running at the eyes and nose. Then drop the dose a little, but do not stop the medicine. To get the utmost benefit, give all that the patient can bear.

It seems probable that tuberculin, oxy-tuberculin, tuberculocidin, equine serum and all other serum and culture preparations depend upon Nuclein for any efficacy they may possess. At any rate, the method of combating the tubercle bacilli by increasing the number and activity of their natural antagonists, the leucocytes, is the most tangible, the most reasonable idea that has yet appeared in the therapy of tuberculosis. In Nuclein we unite the two methods of treating consumption, that of attacking the bacilli directly, and that of strengthening the system against them. About five minims daily should be given, best in divided doses.

There is a certain softness or relaxation of the tissues in phthisis, by which the action of the tubercle bacilli is favored. This may be relieved by a single daily dose of strychnine, large enough to produce full physiological effects; from gr. 1-30 up to 1-10, given at bedtime. The effects are striking. The sweating ceases, the fever lessens, the whole person is invigorated, and drugs given for other purposes become more efficient. The good effects of strychnine

in this affection deserve careful study.

Why do we obtain so much benefit from its antagonist, atropine? This alkaloid really synergizes the strychnine effects we desire, especially in checking sweating and colliquative diarrhea or bronchorrhea. Atropine acts powerfully upon the vagus and improves the condition of the whole pulmonary tract. It should be given in a dose large enough to dry the mouth somewhat, just before going to bed.

The fever of phthisis is best relieved by the above means; but if it remains high, a very efficient remedy is the Defervescent Compound, a granule every hour from 2 p.m. until six have been taken. This is better than Niemeyer's pill. Before I comprehended the value of intestinal antiseptics I employed guaiacol and piperazin, and was struck with the strength and permanency of the antipyretic effect; but I now know that this was due to the antiseptics, which is better secured by the sulphocarbolates.

What about the cough? There is not much of it left when the iodoform gets in its good work; and the remainder is easily subdued by an evening steaming with hot vinegar. This brings up all loose mucus, so that there is nothing to cause coughing. If any irritation remains it is well to spray with fluid petrolatum, with one-eighth its bulk of Campho-Phenique.

PULMONARY HEMORRHAGE.

This alarms the patient greatly; and it is important to quell this fright by showing your own unconcern. Digitalin, a granule every half-hour, checks the loss of blood quite certainly. Following this come the calcium salts to restore the tonicity of the vessel-walls. The chloride of calcium is a hemostatic of the greatest value, when given in doses of five to ten grains every two hours. When fever follows a bronchial hemorrhage the Defervescents should be used freely and the patient confined to bed, with dry diet and very little drink.

DOSIMETRY IN THE PUERPERIUM.

In the current issue of *The Dosimetric Medical Review*, Toussaint contributes an interesting page upon this subject. Attributing the puerperal accidents to the alterations occurring in the blood, he begins to strengthen his patient in the third month, by administering strychnine arseniate as a vital incitant, and iron arseniate to prevent the waste of albumen, and arrest the diminution and decoloration of the blood-globules.

About the fourth month he gives the glycono-phosphate of iron and lime to aid ossification of the fetal skeleton. To keep the bowels free he advises the daily use of Seidlitz salt throughout the pregnancy. In this I most heartily coincide, believing that much of the discomfort and danger of the pregnant state is due to an aggravation of the constipation that appears to be the lot of woman.

When, in the later months, the woman seems to be fatigued, debilitated and somnolent, he gives the dosimetric trinity, two or three times a day, to prevent inflammations.

This is good advice; but I think the action of the trinity in sustaining the heart is more important than in dissipating congestions. If the latter indication be present, it is frequently better met by the Defervescent Compound, that clears the emunctories and combats the phlogistic dyscrasia more effectively.

The French writers seem also to be unaware of the importance of watching the output of solids by the kidneys, and the powerful action of colchicine in increasing it, especially when combined with caffeine arseniate.

Much more could be added upon this interesting subject; such as the use of hyoscyamine for pica, phosphoric acid for thirst, apocynin for dropsy, benzoic acid or lithium benzoate for irritability of the bladder, anemonin and brucine for flatu-

lence or flushes, cerium, silver or zinc for nausea, macrotin for chorea or "fidgets," tartar emetic for insomnia, etc., etc.

I have not suggested a remedy for vertigo, as this may depend upon nephritis, indigestion, constipation, ocular disease, plethora, heart-disease, or one of many other causes, and an investigation is always required.

VISION THROUGH THE NOSE.

The *Lancet-Clinic* contains an account of a man who lost his eyes by accident. Some time later he found he could see through his nose. It is thought that one retina remained undestroyed, and that a small opening existed in the orbit, communicating with the nose.

The suggestion is made that oculists may yet utilize the nose in restoring some degree of vision to the blind. But until an opportunity has been given to dissect the case described, and ascertain the exact state of affairs, the suggestion cannot be intelligently carried out.

PROFESSIONAL SECRECY

A writer in the *Lancet-Clinic* asks the following questions:

1. A young man consults his physician with primary syphilis. He is engaged to be married and insists on carrying out the engagement as soon as the original sore is healed and while the secondary manifestations are still active. He insists on so doing in spite of the protests of his physician. His physician is acquainted with the young lady whose life is about to be ruined. What is his duty in the premises?

2. A physician attends a woman, married only a few weeks, and delivers her of a full-term infant. The child is born naturally; is a lusty, hearty child in every way. The young couple are among strangers. The next morning he finds the child dead, but with no external marks of violence. The mother claims absolute ignorance of the cause of death. What shall the doctor do?

3. Under circumstances similar to the above, the physician, on making his second

visit, finds the child has disappeared. The friends refuse to answer any questions as to what has become of it. What shall the physician do?

4. A physician is ushered into a sick-room and finds two women present, one in bed, the other acting as nurse. His attention being called to the woman in bed, he finds her with an undelivered placenta, with cord attached. The odor of the room and everything about the bed indicate a recent birth. After delivering the placenta and asking for the child, both women pretend to be very much surprised, and positively state that no child has been born. What shall the physician do?

GOOD FOR KENTUCKY.

A judge has been found who bases his decisions upon truth and equity, viewed by the light of common sense, instead of hair-splitting and quibbles. In the trial of an osteopath at Louisville, Judge Thompson stated that: "Any person who, for compensation, professes to apply any science which relates to the prevention, cure or alleviation of the diseases of the human body, is practising medicine within the meaning of the statute."

We congratulate Dr. Mathews and the profession of Kentucky.

HISTORICAL MEDICINE.

Who were Hippocrates, Galen, Paracelsus, Pare, Cullen and Larrey? Do you know? Can you give the dates at which each lived? Tell us what were the theories that made Broussais, Brown, Laennec, Cohnheim, famous. Who was Burggraefe? Ah, now we strike solid ground. You know that he was the man who got up the Holland Bitters!

But doesn't a doctor feel foolish who is asked about such things and cannot answer correctly? How can people of culture and education have confidence in the skill of a doctor who is ignorant of the great men and the trend of thought in his own profession?

Every physician should have in his library a work on the history of medicine, such as has just been written by Roswell Park and published by the F. A. Davis Co. It is not an expensive work, costing only \$2.50; nor is it too big for the busy doctor to read, containing 348 pages, well illustrated and bound in cloth. You do not give your editor much time to look over such works, but I have found this one exceedingly interesting; well-written, concise, and touching upon the salient points of medical history with a nice discrimination.

DIGITOXIN.

Aubel and Masius find in this the best of the digitalis derivatives, most clearly resembling the infusion in its therapeutic value. They obtained rapid effects upon the heart, without any disagreeable by-effects or difficulties in dosage.

As a rule, the doses given were 2 1-2 milligrammes, twice daily, ten doses being required. This occupied five days; but Beates obtained much speedier effects with digitalin.

LECITHIN.

Danilewsky speaks warmly of the value of lecithin. This substance is the most important constituent of the nerve-tissue, containing the phosphorus, and is found frequently in vegetable tissues. Its administration to warm-blooded animals stimulates their growth very greatly, improves the blood and increases the quantity of the brain-substance. The animals taking it were much livelier, more intelligent and physically stronger than the control-animals.

The dose was two to five centigrams, by the mouth or hypodermically, in a solution of sodium chloride representing blood-serum.

The virtues of lecithin are, however, probably fully represented by its most important constituent, Nuclein.



BAYARD HOLMES, M. D.

LEADING ARTICLES

We solicit papers for this department from all our readers. They should be on Topics kindred to the scope of THE CLINIC, and not too long.

Contributors to this department are requested to furnish us with a recent photograph.

THE DIAGNOSIS OF THE SURGICAL DISEASES OF THE KIDNEYS.

By Bayard Holmes, M. D.

Senior Professor of the Principles of Surgery in the College of Physicians and Surgeons of Chicago, the Medical School of the University of Illinois.

THE diagnosis of surgical diseases of the kidney is made through five methods of examination :

- (1) Inspection of the lumbar region, the abdomen and genitalia.
- (2) Palpation of the kidney.
- (3) Percussion of the lumbar region and abdomen.
- (4) Exploratory incision and direct palpation of the kidney.
- (5) Photography or fluoroscopy with the X rays.

Until quite recently it has been impossible to make sufficiently accurate diagnosis of disease of the kidney to warrant any operative procedure, except when the disease had produced such monstrous enlargement as to make the organ easily palpable. In the average individual the location of the normally placed kidney can be only indistinctly made out by percussion, by palpation and by auscultatory percussion. In thin people the kidney is readily palpable. It is best felt by placing the patient upon one side, grasping the front of the kidney with the thumb and the back with the fingers and requiring the patient to slowly and fully inspire and expire. The lower pole of the kidney will then be felt to move under the thumb, and any irregularity in the lower pole is easily detected as well as the subjective symptom of unusual pain elicited.

The normally placed kidney can be pal-

pated in from six to ten per cent of men and in from fifty to seventy-five per cent of women. The left kidney can be palpated in thirty per cent and the right kidney in about seventy-five per cent of women. The difficulty in palpating in men is due to the firmer and more tender abdominal wall.

When the kidney is misplaced in the abdomen or pelvis it can occasionally be felt either through the vagina, the rectum or the abdominal wall. The patient should be prepared for this examination by emptying the intestinal tract with a brisk cathartic, such as the infusion of senna, and the colon thoroughly washed out by an enema. Fecal impactions and enteroliths have repeatedly been mistaken for dislocated or wandering kidneys.

The location of the kidney when normally placed in the normal individual can also be recognized by percussion, but this method is not very satisfactory; it is usually confirmatory. The patient having been prepared as for palpation is placed

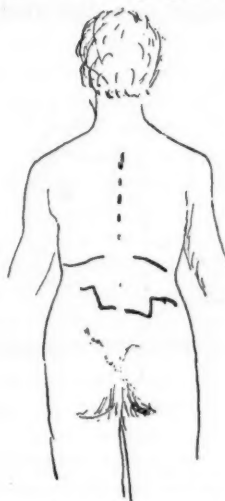


FIG. 1. The results of simple percussion. Area of renal splenic and hepatic dullness as marked out on the back by Gerhardt (Kuster).

on a pillow on the table or is required to lean forward over the back of a chair. In one of these positions the percussion is carried on, and usually the area of kidney

dullness can be quite accurately marked out on a thin person.

The normal distance of the outer border of the kidney from the middle line of the vertebra is 9 to 9.5 cm. on the right side, and 9 to 9.8 cm. on the left side. The distance between the under border of the kidney and the crest of the ilium is on the right side 1.5 to 2.5 cm and on the left side it is a centimeter more. The length of the right kidney in the adult is 10.5 to 11 cm., and the left is perhaps half a centimeter longer. The weight of the right kidney varies between 110 to 120 grammes. The right kidney is about ten grammes heavier.

Auscultatory percussion of the kidney is, however, much more valuable. For this purpose the stethoscope, or better, the phonendoscope, may be used. The little point of the phonendoscope being placed over the lower pole of the kidney just below the last rib and about five or six cm. from the spine, the back is tapped lightly with the point of the index finger in a line gradually ap-

proaching the phonendoscope. When the finger reaches the border of the kidney a distinct sharp note is heard. In the same way the end of the phonendoscope is approached from various directions, and thus the outline of the kidney is marked on the back with a dermatologist's pencil. The outline of the spleen and liver should be made out at the same time in the same manner, and it will be noticed that the spleen and liver borders overlap those of the kidneys. The accompanying drawing (Fig. 2) shows how such an outline shows itself on the back of a perfectly healthy and normal young man weighing 172 pounds.

I have been able to make a direct examination of the kidneys after having outlined the positions of these organs on the back in five patients, in all of whom the kidney corresponded to the outline within one cm. None of these patients, however, was heavy, though only two of them were thin. I am convinced that auscultatory percussion is a reliable method to outline internal solid organs and determine their location with reasonable accuracy.

It is absolutely necessary in undertaking a nephrotomy or nephrectomy to determine not only the adequate motive for such an operation, but also to determine absolutely the competency of the opposite kidney. This can be done only by the catheterization of the ureters. When for any cause it is proposed to do a nephrectomy or nephrotomy, or even an exploration of the kidney, the patient should first be shown to possess another healthy kidney. In women the catheterization of the ureters is accomplished with reasonable ease in the following manner:

The operator must be provided with a rather high table, a twenty per cent solution of cocaine, and several matches or toothpicks covered with pledgets of cotton not too large to be inserted into the urethra, with one or two ureteral catheters measuring not more than two mm. in diameter, and with one endoscope or urethral speculum of about seven or eight mm. in diameter and five or six cm. long, with one head-band mirror and a good kerosene

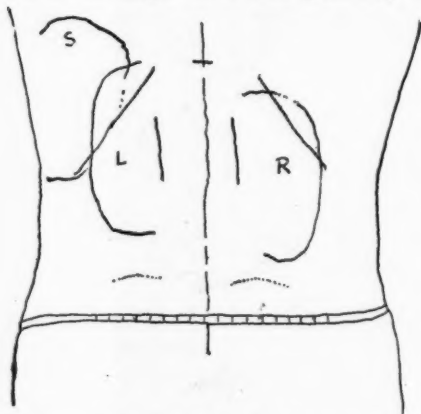


FIG. 2. H. G., male, 24 years old, 6 ft. 1-2 in. tall, weight 172 lbs., centimeter band about the pelvis, 12th rib and 12th vertebra marked out on the back and photographed. Outline drawn on photograph.

proaching the phonendoscope. When the finger reaches the border of the kidney a distinct sharp note is heard. In the same way the end of the phonendoscope is approached from various directions, and thus

lamp. The room in which the endoscopy is done should be slightly darkened. The patient should empty her bladder and take the knee-chest position on the end of the high operating table. (Fig. 3.) The



FIG. 3. Position for catheterizing the ureters of women.

front part of the vagina and urethra should be carefully cleaned with antiseptic sponges and cocainized by introducing small pledgets of cotton saturated in the twenty per cent cocaine solution. This will require about five or six minutes. The urethra should next be slowly dilated to the size of the endoscope by passing sounds lubricated with glycerin. The speculum should then be passed and the plunger removed.

As soon as this is done the air rushes in through the speculum, and the bladder becomes greatly dilated. The operator sits down on a low stool and directs the speculum upward and toward the right or left at an angle of thirty or forty degrees, withdrawing it within an inch or an inch and a half of the urethra. He will notice that the wall of the bladder touches the end of the speculum, and at a certain moment a little ridge will fall into the field of vision, upon which is a small slit just large enough to admit the point of a lead pencil. If he watches this slit for a few seconds he will notice a stream of urine squirt out, or a few drops of urine or pus pour out into the bladder. Holding the speculum in this position he should then take the ureteral catheter, which is usually made of metal, and introduce

it carefully by sight into the ureter and slowly, by a gentle twisting motion and without much pressure, pass it upward into the ureter for about an inch and a half. He should now withdraw the endoscope, leaving the catheter in place, and lay the patient down upon the opposite side. In the course of three or four minutes urine will be running out of the catheter in regular spurts of four or five drops, and in the course of fifteen minutes four to six cubic cm. of the urine from the catheterized kidney can be collected. Six cubic cm. are sufficient for a careful microscopical examination. At the end of this time the catheter can be removed, the patient put in the knee-chest position again and the same operation performed upon the opposite side.

This procedure is one that any physician with a reasonable amount of patience, gentleness and ordinary manipulative skill can easily perform in his office. It is unnecessary to say that the instruments used should be carefully sterilized by boiling, and that the patient should be encouraged to co-operate with the examiner.

In making this examination difficulties are met with which are sometimes insurmountable. In one case the author was able to catheterize the right ureter at any time in five or ten minutes, while the mouth of the left ureter, which was supposed to be connected with a diseased kidney, could not be found from the 5th of December until the middle of March. At last, after opening the bladder, it was discovered as a narrow scar, an inch long, lying in the wall of the bladder and completely closed off from it. When this ureter was opened with a scalpel and the catheter introduced over two ounces of the clear fluid containing flakes of pus poured out from the greatly distended ureter and pelvis of the kidney.

In another case the author attempted to catheterize the ureters in a hysterical woman, and only after six or eight such attempts was it possible to find the ureters

and introduce the catheter. In another case the irritability of the urethra and bladder were so great that even after a vigorous cocaineizing of the bladder the ureters could not be found.

Until very recently it has been absolutely impossible to catheterize the ureters of men. In a few instances suprapubic cystotomy has been done for this purpose, but as a rule such a procedure is attended with too much suffering and too many dangers to be warranted. However, since the introduction of the Casper ureter cystoscope catheterization of the male ureters is a perfectly feasible operation. (Fig. 4.)

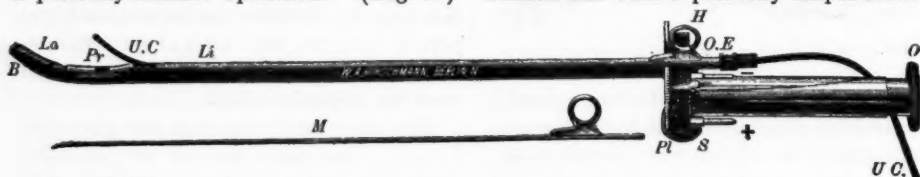


FIG. 4. The Casper Ureter Cystoscope. *La* is the electric lamp, *Pr* a totally reflecting prism, *O* the eyepiece of the telescope. *U. C.* the ureteral catheter protruded from its detachable shield *M*.

It is much more difficult than catheterization of the female ureters. It should, however, be undertaken under the same indications, namely, to determine the competency of one kidney when for any reason the opposite kidney is to be opened or removed.

In order to catheterize the male ureter the following apparatus must be at hand: First, a 2-way catheter and a fountain syringe, a bottle of glycerin and a jar of thick vaseline, to be used about the ureteral catheter in the trough at the side of the cystoscope, a Casper cystoscope in perfect order, with a well-charged storage battery adapted to the lamp at the end of the cystoscope, a Fenwick cystoscope when this is to be used, a sufficient number of sounds to bring the urethra to a size which will admit the Casper instrument; a high table, and a room which can be partially darkened.

The patient is prepared for this operation by passing sounds from day to day, until the urethra is large enough to admit the

cystoscope. The Casper cystoscope in the author's possession is about as large as a No. 15 American steel sound. This use of the sounds also prepares the urethra to withstand the irritation of the cystoscope and accustoms the patient to urethral manipulations. The patient should be completely undressed and should lie in the darkened room upon a high operating table, and the bladder completely emptied. The urethra and bladder should be cocaineized by the use of a ten per cent solution of cocaine. This should be allowed five minutes to act. The bladder should then be washed out with a perfectly limpid steril-

ized water. Boiled filtered water is sufficiently clear. About 250 cubic cm. of water should be left in the bladder, but the quantity of water desirable or necessary is determined by the size and condition of the bladder. It is best to use the ordinary Fenwick cystoscope lubricated with glycerin to examine the interior of the bladder before using the larger Casper instrument, which gives a less brilliant field of vision.*

In this way the circulation in the wall of the bladder and the location and appearance of the ureteral openings is first made out by the brilliant picture of the Fenwick instrument. As soon as this first inspection has been made, the patient being in the lithotomy position at the end of the table, the Casper instrument mounted with a ureteral catheter should be introduced.

*The indistinct vision of the Casper instruments is due to the insertion of two total reflecting prisms near the eyepiece. In each of these prisms some of the light is lost. The prisms are introduced for the purpose of placing the eyepiece sufficiently to one side to make it possible to draw out the shield which covers the ureteral catheters. Dr. Joseph R. Eastman, of Indianapolis, suggests a sort of bayonet hitch for the shield, which would permit the eyepiece to be placed at the end of the telescope without the use of the prisms. This would be a great advantage, but so far no such instrument has been constructed.

When the ureteral openings have again been found, one of them should be selected and brought into the middle of the field of vision, the slide on the Casper instrument should be slightly withdrawn and the ureteral catheter pushed out into view. The end of the catheter and the orifice of the ureter should then be slowly and carefully brought together by rotating or otherwise moving the instrument. When the end of the ureteral catheter has been seen to touch or enter the ureteral opening it should be very carefully pressed forward, and should be seen to enter the ureter one or two cms. beyond the eyelet. It should then be carefully pressed forward for several inches, all the time in plain view of the operator. When this has been done the shield of the Casper instrument should be withdrawn, the catheter released by a slight rotation of the instrument, and the cystoscopic portion entirely removed from the bladder and urethra. The wire in the catheter should then be carefully drawn out, and in the course of six minutes the urine will be pouring out of the catheter from the catheterized ureter in spurts of five or six drops at intervals of ten or fifteen seconds. When a sufficient quantity has been collected the Casper instrument can be reintroduced and the opposite urethra catheterized at once, or this procedure may be delayed for a day or two until all irritation of the operation has subsided.

The following conditions make catheterization of the male ureter impossible:

(1) A stricture of the urethra which cannot be dilated sufficiently to admit the cystoscope.

(2) Conditions of the urethra and bladder which do not permit the introduction of the cystoscope without hemorrhage.

(3) Bloody urine, which obscures the field of vision of the cystoscope before the urethral catheter can be introduced.

(4) Tenderness of the urethra, the prostate or the bladder, or a general hyperesthesia, which prevents the co-operation of

the patient and the operator in this undertaking.

When all other means have failed to give the operator sufficient information in relation to the condition of the kidney, then when there is sufficient cause exploratory examination and palpation of the kidney may be undertaken, after the patient has been thoroughly prepared. This operation should be made by means of an incision beginning at the point of the last rib and curving forward over the crest of the ilium. All hemorrhage should be stopped and care should be taken not to open an abnormally low pleural cavity. The perirenal fat should be removed from the kidney with the scissors and dull instruments at the point of the finger, and when the kidney is reached it should be very carefully enucleated from the peritoneum and under border of the diaphragm with the hand and then grasped and drawn forward into the wound, being carefully turned transversely as it comes out into the world, so that it will almost retain itself. It can then be measured and palpated and explored with a needle for calculi, or examined with the fluoroscope, or the cortex of the kidney may be carefully opened and the finger passed into the calyx and pelvis and the ureter itself may be sounded from above to determine the presence of calculi or tumors.

Such an exploration as this is not usually attended by a severe shock, as manipulation of the kidney itself does not seem to produce great shock. It may, however, institute an acute nephritis in this as well as in the opposite kidney, especially in patients suffering from auto-infection or other infectious diseases. It seems to be a more dangerous operation when performed upon perfectly healthy than when performed upon diseased or incompetent kidneys. If the exploration has not determined the operator to open or remove the kidney, the wound in the cortex can be closed by means of a mattress catgut suture, the kidney returned to its place,

and the cavity either completely closed or drained, according to the confidence which the operator has in the aseptic condition of his wound. In a case on which this exploratory operation made by the author upon a perfectly healthy kidney came to post-mortem four months later, the wound in the kidney was completely healed, there was no deformity and no impairment of the function of the kidney and the patient suffered no inconvenience whatever from the operation, eating his dinner upon the following day. Bloody urine was present only forty-eight hours and there was never any passage of clots. When the kidney was examined post-mortem it contained only trifling evidence of ever having been operated upon. In only one case was this operation followed by acute nephritis and death from uremia and then the exploratory operation was performed upon a hump-back for calculi of the pelvis and ureter. The kidney was found to be of fetal character, being composed of six distinct lobes. The patient died in thirty-six hours of complete suppression of urine.

Laparotomy is to be preferred in exploring or palpating the kidney directly only when there are indications for the palpation or direct examination of other abdominal organs. To remove the kidney through the abdomen is hardly warranted at the present time, except for tumors too large to be removed through the back. The death-rate from abdominal nephrectomy is much greater than the death-rate from lumbar nephrectomy.

It is not often now that a surgeon undertakes the removal of one of a woman's kidneys without having previously demonstrated the health and competency of her remaining kidney. Numerous cases are on record where in former years a solitary kidney has been removed for disease, resulting in the patient's immediate death from uremia. Since the introduction of endoscopy and catheterization of the female ureters by Dr. Howard Kelley, such a

catastrophe is unnecessary and inexcusable. The Casper instrument furnishes the same protection to men. We may safely say, then, that nephrotomy or nephrectomy should be performed only with the following indications:

(1) The pathological condition of one kidney demands the operation.

(2) The health and competency of the opposite kidney allows it.

Both these indications require catheterization of the ureters, because we have no other means of absolutely demonstrating the function of the kidney.

When cystic degeneration or other disease affects only a portion of a kidney and its ureter is open and undiseased, it is possible to remove the diseased portion and leave the healthy portion to go on with its function. The fact that one portion of a kidney is involved in suppurative disease and cyst formation is not a sufficient reason for the removal of the whole organ.

104 E. 40th St.,
Chicago.

MALARIAL HEMATURIA.

By J. M. Alford, M. D.

IN the October CLINIC there is an article on hematuria or hemorrhagic malarial fever, by Dr. J. De Leon; and in your comments you solicit your friends to write on that subject. Having had some experience with that disease, with your consent I will give my views on it to the CLINIC family.

Malarial hematuria is, as its name indicates, a renal hemorrhage which has for its exciting cause that condition which comes from a chronic malarial toxemia. We cannot speak of malarial hematuria as a disease *per se*, but as a malarial condition resulting from a specific disease; but, this morbid condition being far more serious than the causative disease, and from a therapeutical especially, as well as a

clinical standpoint, we can scarcely trace the connection between the two.

Being a disease of malarial origin it is necessarily limited to that latitude and climate where malaria exists. There is really but one form of the disease, and the form sometimes described as paroxysmal is but a secondary symptom of the first attack.

White people are more often affected than negroes, but this can be accounted for by the fact that white people are more susceptible to the malarial poison. The sexes are equally susceptible, but it occurs most often in males because more of them work in swamps where malaria most abounds.

As to the minimum length of time to which a person must be exposed to malaria before that condition resulting in hematuria can be brought about, I do not know. The fact that it occurs most in the autumn months, and in persons who have lived in the malarial districts all summer, would prove that it comes from continued exposure to the poison. One attack predisposes to a second, although one rarely meets with a person who has had it more than once in the same year.

My father had three attacks of it during a period of ten years and died twelve years after the last attack, his death being due to chronic nephritis; and I am of opinion that the repeated attacks of hematuria were at least a predisposing cause of the nephritis.

The symptom of prime importance is the hemorrhage. This may be slight, amounting to only a small quantity of bloody urine, but as a rule it is more than this, and may be so severe as to almost cause collapse. Usually the patient passes about two pints of very bloody urine, and this is followed in about two hours with a less quantity. As a rule the amount of blood lost is not sufficient to be of itself much cause for alarm.

Jaundice is an early symptom and becomes intensified as the disease progresses.

There is a persistent nausea and vomiting which at times is uncontrollable. The bowels are constipated, as a rule, though occasionally there is a fermentative diarrhea. Fever is always present, though we do not find as high an elevation of temperature as we would naturally expect from such a violent manifestation of the poison. The temperature is usually about 101° during the day, with an attempt at defervescence in the evening, usually declining about one degree.

There is usually no trouble in the diagnosis, still there are some things with which it might be confounded. A hemorrhage from the kidney in cancer of that organ, or from the cachexia, such as purpura, scurvy, etc., could be diagnosed from the history, or by the absence of the other symptoms of malarial hematuria. The mistake has been made of diagnosing this disease as yellow fever, and since they have many symptoms in common, especially where there is suppression of urine, one can readily understand how such a mistake could be made. The vomited matter of hematuria contains bile, and the dark color is due to bile; whereas, in yellow fever the black color of the vomit is due to the presence of blood. And, too, in hematuria the acceleration of the pulse-rate corresponds very closely to the elevation of temperature; whereas in yellow fever the pulse-rate but poorly indicates the elevation of temperature.

The treatment of malarial hematuria has undergone such a complete change within the past few years that the old treatment of relying chiefly upon quinine is only mentioned to be condemned, as worse than useless. I cannot give a satisfactory explanation of its harmful results, but that it does do harm is almost universally admitted; and in giving a treatment for malarial hematuria my first dictate would be: "do not give quinine."

My treatment is as follows: Give ten drops of turpentine every four hours until

the urine clears up; and at the same time give small and oft-repeated doses of Fowler's solution, with small doses of calomel followed by a saline purge if needed. The after-treatment should be a good iron tonic, but no quinine.

The only prophylaxis is for the patient to remove to a non-malarial locality.

Gallman, Miss.

—:O:—

Dr. Alford has said his say, and it is: "No quinine." With this Dr. Brodnax will agree, and many another. But if I mistake not, there are others who obtain good results from quinine. I shall be glad to hear from them; and it may be our great good fortune to unearth the man who has seen good and harm result from quinine, and who can tell us in what cases to give it and what not. And I would suggest that Fowler's solution is out of date; its use being advantageously replaced by that of copper, strychnine, quinine or iron arseniate.—ED.

CATARRH.*

By John E. Bacon, M. D.

(PART VI.)

ONE of the most frequent causes of "Catarrh" is a chronic inflammation of one or more of the sinuses opening into the nasal chambers, and the most frequently affected is the antrum of Highmore. This cavity having once become affected by inflammation of its mucous lining, as a concomitant with or as a sequel to a severe coryza or of influenza, is liable to remain diseased on account of the lack of good drainage, as the opening into the nose is situated some distance above the floor of the sinus.



JOHN E. BACON.

*This article is a section of a series of papers that has been running through several issues of the CLINIC—one more is to follow. You may order your subscription dated back to the beginning of this series, or we will supply the set, post paid, on receipt of 10c each.

Decomposition readily occurs and swelling of the membrane contiguous to the opening favors retention, and a case of true empyema results.

Dental caries and abscess at the roots of teeth are also very common causes of this disease, and it is a disputed point among rhinologists as to which cause is responsible for the greater number of cases. The writer has noted a number of cases which were undoubtedly caused by abscess at the root of the incisor teeth, and it is quite probable that owing to the generous lymphatic supply of the parts the infection of the antrum may follow caries or abscess at the roots of any of the teeth of the upper jaw, although the teeth usually found at fault in cases of empyema of the antrum are the first and second molars.

The symptoms of empyema of the antrum are many, irregular and inconstant. A one-sided lemon colored discharge associated with pain or soreness of the cheek bone of that side should always be regarded as pointing toward antral trouble. Throbbing pain is sometimes noted, especially in acute cases, and in acute exacerbations of chronic, sneezing and stuffiness of that side of the head are always complained of, and the mucous lining of the nose and sometimes the skin surface of the nostril are irritated and reddened, and often actually thickened. Neuralgia of the head and face is a common and distressing symptom and many cases of the migraine may be found to result from sinus disease of the nose. On inspection the soft parts of the nose will be found to be in a state of chronic inflammation and to present a sodden or water-soaked appearance, and dried crusts of pus and muco-pus can always be found if looked for before the nose has been cleaned out. The middle turbinal will be seen to be enlarged and often swollen to the capacity of the chamber, pressing on the septum and so adding to the discomfort of the patient, and pus will

be found in the slit, known as the middle meatus, between the inferior and the middle turbinated bodies. If this pus be wiped away and the patient's head inclined to the opposite side it will usually reappear. Pus in the middle meatus means purulent inflammation of the antrum, or frontal or anterior ethmoidal cells, as the outlets for all these sinuses are here. The diagnosis must now be made between these, and this is usually done by exclusion and by confirmatory signs. If the pus comes from the antrum there will be soreness on the cheek bone, sometimes dead or bad teeth on the upper jaw of that side and often tenderness on tapping the bicuspid and first molar teeth. There is often a sense of heaviness and discomfort in that region which is quite characteristic, and that side will be dark on illumination of the face by the electric light. If it comes from frontal or anterior ethmoid cells the pus will be found to be exuded beneath the anterior extremity of the middle turbinal bone, and the pain will be more pronounced and will be limited to the forehead. Pressure over the supraorbital ridge does not give rise to much pain, but even slight pressure beneath the frontal ridge within the orbit will cause most excruciating pain, and a sense of pressure on the eye is often felt, and the antrum will be bright on illumination.

Illumination is carried out by placing a one candle-power lamp attached to a hard rubber tongue depressor, and lighted by a good battery, within the mouth, with the patient in a dark room. If the antrum cavities are clear and normal the whole face will be uniformly lightened up and a red glow will be seen by the observer in each pupil, and a subjective sensation of light in the eyes will be felt by the patient. If there be pus or solid growth in the antrum that side will be dark and no pupillary reflex will be noted. A good illumination of one side with a pupillary reflex and a dark spot over the antrum under the eye,

and no pupillary reflex on the other side, is strong presumptive evidence of pus or a solid tumor within the antrum; however failure to find such a train of phenomena must not be taken as conclusive evidence that nothing is wrong with the antrum, for mucocele or mucoid polyp without much pus will illuminate quite well, and the diagnosis in these cases must be derived from the other train of symptoms.

Having arrived at a diagnosis of empyema of the antrum, the question of treatment may be summed up in a single word—operation. All attempts to treat this affection by syringing out the cavity by way of the natural opening are useless and will end in disappointment.

There are three routes by which the antrum may be reached for purposes of diagnosis and treatment—through the outer wall of the nasal chamber, through the alveolar process in a tooth socket, and through the cheek bone in the canine fossa. For a case of simple empyema and where there is no reason to suspect polyp or other growth, the following simple operation is most favored by the writer: The nasal chamber having been well cleansed and thoroughly cocainized, a rubber operating speculum is introduced and a straight trocar and canula is placed with its point resting against the outer nasal wall at a point about one and one-fourth inches from the beginning of the vestibule beneath the inferior turbinal, and at such an angle that by placing the fingers of the right hand over the antrum on the cheek it will be seen that the instrument will enter that cavity. A slight tap with a mallet will send it through the wall, and by withdrawing the trocar and attaching the rubber tip of a syringe, the cavity may be flushed, and if pus be present it will readily flow with the water through the natural opening into the nose and out into a container. If pus be found a straight director is now introduced through the canula and the canula withdrawn, and over the direc-

tor a pure silver drainage tube is slipped into place and the director withdrawn. Now another silver tube so made that it exactly fits the one in place may be easily introduced, and the cavity flushed as often as desired. These instruments should be specially made for the purpose, and are made in a neat case by Chas. Lentz & Sons, of Philadelphia, and can be had of them at small cost. This operation should be done under strict antiseptic precautions, and the fluid used for flushing should be a five per cent solution of boric acid sterilized.

Daily washing at first and later on every other day and every third or fourth day, as the inflammation is controlled and the discharge diminishes, is the proper way to treat these cases. After the first few washings a little aristol may with advantage be blown into the cavity with a powder blower attached to the wash tube with a soft rubber connection.

A word against the use of stronger antiseptic solutions may keep somebody out of trouble, for the writer has had personal experience with them all, and can affirm from painful experience that bichloride of mercury and peroxide of hydrogen have no place in the therapy of these conditions, for we are dealing with practically a closed cavity, whose natural and artificial openings are most easily occluded, and these drugs always give rise to most intense suffering even in dilute solution and aggravate the trouble. Boric acid, sterilized solution, will do admirably, and as the course of these affections is always long and tedious, we should be content with a gradual but steady improvement.

The opening through the alveolar process by the extraction of a tooth is a historic operation, and is of value in those cases where a tooth is undoubtedly the cause of the trouble. In these cases the tooth should be extracted, and a good free opening made through the process into the antrum. Daily flushing through this open-

ing may be practised, and antiseptic powders or other antiseptics may be easily introduced. The opening may be kept from healing and infection from the mouth partly guarded against by a well-fitting obturator attached to a rubber plate, which can be made by any competent dentist.

This operation cannot be recommended where the teeth are all sound, and is made unnecessary by the one previously described.

The operation through the cheek bone is rendered necessary when the antrum is the seat of polypoid degeneration, or of the old sluggish granulation, or of other solid tumor or foreign body, and should only be done after the operation by puncture has been made and has failed to relieve the conditions. It requires general anesthesia and confinement to the house for several weeks, and daily dressing by the surgeon. It is done by reflecting the upper lip and making a good free incision through the membrane and down to the bone. The periosteum is then incised and reflected upward, and the bone drilled through with a hand drill or small trephine. The opening should be free enough to admit the little finger of the surgeon, and a small electric lamp for purposes of accurate diagnosis. Then growths may be removed, caries thoroughly curetted away, and partitions or septa, which sometimes occur, broken up. The cavity can then be packed with gauze, and dressed daily until the suppurative process is cured, when the wound may be allowed to heal and a silver tube put in through the nose, to keep the irrigations up until the healing is absolutely complete.

There are many cases of latent empyema of the antrum which are treated for headaches and migraine for years without any permanent improvement, and these should always be thoroughly examined for this disease, and the electric light in the mouth during an acute attack of their ordinary "catarrh" will often clear up a diagnosis which otherwise would never be made.

Palliative treatment is useless, and radical treatment should always be insisted on or the case given up, as the general ill-health and low grade septicemia which always follow the absorption of this pus into the blood will be a reproach to any progressive physician.

176 Prospect Ave., Buffalo.

DYSPEPSIA—ITS CAUSATION AND SYSTEMIC EFFECTS.*

A Study in Reconstructive Metamorphosis, Physical and Physiological.

By John Aulde, M. D.

(PART III.)

ANEMIA

ARISES from the lack of sufficient food, or from the ingestion of unsuitable food, secondary assimilation being impaired.



JOHN AULDE.

Gastritis and other symptoms mentioned in the foregoing pages may be so mild as scarcely to demand a passing notice, but the morbid complexus brought about by catarrh is responsible for the appearance of anemic conditions,

so well known and easily recognized by both physicians and the laity. The word is used here in its general acceptance, namely, to indicate an impoverished condition of the blood, and although brought forward as a symptomatic affection or resultant of various morbid conditions, it may, and often does, occur independently or separate from them, and its presence can readily be demonstrated by a microscopic examination.

ULCERATION

Of the stomach not infrequently results from anemia, but its presence is seldom detected until the disease has made such

progress that it is impossible for the system to recoup itself by supplying the tissues with the requisite nutritive pabulum. However, there are numbers of symptoms which lead to a careful scrutiny of the stomach in case of anemia arising from catarrh, and these being properly interpreted by the thoughtful physician, he directs his attention to the morbid condition, always bearing in mind that ulceration is an effect rather than a cause; the cause being removed, the effect will disappear.

MALARIA

Is a disease dependent upon, or associated with, a vegetable micro-organism which attacks the red corpuscles of the blood and destroys them, the presence of this micro-organism being demonstrable by an examination of that fluid under the microscope. Persons apparently in perfect health are susceptible to invasion, but those suffering from stomach catarrh and its attendant evil effects are far more liable to be infected than those who maintain a healthy condition of that organ; hence, the frequency with which we find malaria and catarrh of the stomach associated. Add to this an over-worked and distinctly congested and painful liver with sallow skin and we have a typical picture of malarial infection. Derangement of the digestive function and the system becoming surcharged with irritant products which reduce the normal resistance, combine to promote the rapid multiplication of these bodies and favor the growth of spores; which results in the re-appearance of the malarial infection at regular septenary periods, and unless corrected, the catarrhal conditions will persist in favoring the abnormal manifestations.

CARCINOMA,

Or cancer of the stomach, as well as cancer affecting other structures of the body, should be referred to briefly in this connection, although no claim is made that stomach catarrh causes cancer. It simply

*We promise our readers before the completion of this series a more finished and practical treatment of this important subject than is now extant. Subscribe now so as not to miss an issue. Back numbers can be supplied.—Ed.

predisposes to the morbid changes in the tissues to which we give the name. Cancer cells are but ordinary cells which have undergone abnormal changes; at least, there is no evidence that bacteria are responsible for this disease. There is no doubt, however, among scientific investigators, that cancer is a progressive disease, and since it has been repeatedly demonstrated that cases of inoperable cancer may be subdued by local treatment, there is every reason to believe that its progressive character can be arrested by suitable local and systemic medication. First in importance, however, our attention must be directed to the condition of the digestive apparatus, from whence the predisposition undoubtedly emanates. Whenever possible, cancerous growths should be removed with the knife, but when that is out of the question, other means must be devised.

By grouping the more common symptoms of stomach catarrh, and touching upon the salient features superficially, the reader will be able to obtain a bird's-eye view of the complicated situation with which the practitioner is confronted. To study the causation and systemic effects of disease is the first and most important step, since medication can then be directed to the origin; but to consider intelligently the demands of the human organism with a view to promote reconstructive metamorphosis, requires more deliberation than is usually given to the writing of prescriptions. When a single organ is affected and its functions practically reversed, it is but reasonable to assume that other organs, closely related with it, must likewise suffer some disorder of function. This brings us to consider somewhat briefly the effect of catarrh upon the intestinal tract.

LOCAL AND SYSTEMIC EFFECTS OF INTESTINAL CATARRH.

Intestinal catarrh is always attended with more or less headache, due to the formation and subsequent solution

and distribution of poisons, through the medium of the circulation, while mental hebetude is usually a marked symptom. Indeed, the symptoms attending this condition are, for the most part, but a repetition of those which have been outlined in connection with stomach catarrh. As previously stated, intestinal catarrh may be the starting point, inasmuch as inability to digest starchy food-stuffs almost certainly produces what is called acidity of the stomach. This is owing to the increased in-take of starchy products, which require for their manipulation a considerable portion of chloride of sodium, or common salt, the action of this product in the system favoring the increase of hydrochloric acid. Alkalies, which are so popular for the relief of acidity, do effect some benefit, since they neutralize the acidity and improve the oxygen-carrying capacity of the blood by assisting to maintain its alkalinity, but they at the same time demand increased functionation of the peptic glands in order to perfect stomach digestion.

FERMENTATION,

As already described, follows headache due to intestinal catarrh; then come dilatation, with cough and occasional insomnia. Micro-organisms enact the same role as in the case of stomach disorders; hence, nature makes an effort to rid the system, vicariously, of objectionable products, and diarrhea supervenes.

ENTERALGIA,

Or neuralgia of the bowels, succeeds diarrheal attacks and then comes the miseries incident to auto or self-infection, when the vicious circle is complete and the patient is compelled to seek the services of a physician.

INFLAMMATION OF THE BOWELS,

Or enteritis, now follows in regular order, and if the sufferer escapes appendicitis, obstruction and ulceration, he may consider himself exceptionally fortunate. Co-

litis and entero-colitis are very common affections of children, and this, because we do not in the early stages recognize the true conditions present and the almost certain progress of the malady.

COSTIVENESS,

Or marked constipation, may ensue instead, however, in which case the growth and multiplication of micro-organisms go on apace, the character of these products changing from day to day, we might almost say, from hour to hour. Thus, it will be seen how the intestinal tract becomes a complete chemical laboratory in constant operation. Impairment of function is then firmly established, and it is but a question of time when organic changes will make their presence felt.

ANEMIA

Is the natural sequence; the primary assimilation being defective, secondary assimilation is below par, and in accordance with physiological laws, susceptibility to disease is increased. And this brings us to consider some of the reflex disorders consecutive to dyspepsia.

DISORDERS CONSECUTIVE TO DYSPEPSIA.

First, under this heading, should be considered disorders of the liver function. Indeed, there are many reasons why the liver should be regarded as a digestive organ, since one of its important functions is to produce bile, which acts upon the fatty portions of the daily food. The work of the liver, however, is exceedingly complex; its principal function is that of an eliminant. It may be called the kitchen of the body. All refuse and objectionable products found in the blood-stream are either destroyed or so changed by its action that they may be excreted through the proper channels; hence, with catarrh of the stomach and intestinal tract, together with other derangements previously pointed out, it will be apparent that its functional activity must be seriously impaired. There will be evidences of congestion, symptoms

of "torpid liver," generally attended with cough, the so-called "stomach-cough" of the generation of physicians now passing off the stage. But notwithstanding the fact that the "old doctors" fully recognized a condition which they designated stomach cough, they usually took the precaution to prescribe directly for the torpid condition of the liver. Sallowiness of the skin is readily traced to torpidity of the liver, and we may even have jaundice and gall-stones; in protracted cases, abscess is of common occurrence. Sometimes cirrhosis, or hardening of the liver occurs, when, of course, the circulation of the blood is hindered, its functions impaired and a generally demoralized condition of the nervous system ensues. Cirrhosis, however, is a disease more likely to attack those addicted to the use of alcoholic liquors, but there is good reason to believe that highly seasoned foods and over-eating may predispose to it. Again, instead of cirrhosis, other degenerative changes may take place, such, for example, as fatty degeneration or amyloid degeneration. The liver is frequently the site of cancer, and in these cases the stomach is liable to become involved.

HEMORRHOIDS

And various diseases of the skin are additional indications of derangement of the liver function, and it is not improbable that this is also a factor contributing to the invasion of typhoid fever; it is certainly a most important factor in the production of throat affections and catarrh of the upper air-passages.

THE PANCREAS

Is also the site of disease, acute and chronic inflammation and cancer, but neither of these can be traced directly to digestive disturbances.

DISEASES INCIDENTALLY RELATED TO DYSPEPSIA.

A careful perusal of the foregoing remarks cannot have failed to convince the reader of the importance of maintaining a

healthy condition of the nutrition, but in order to present the matter even more forcibly an effort will be made to pass in review a number of the disorders which are closely related to, and dependent upon, dyspepsia. They may be grouped under the following separate headings :

Constitutional Diseases :	{	Rheumatism;
		Gout;
	{	Lithemia;
		Diabetes;
	{	Rickets.
Specific Infectious Diseases :	{	Influenza;
		Diphtheria;
	{	Erysipelas;
		Malaria;
	{	Dysentery;
		Typhoid Fever;
	{	Tuberculosis.
Respiratory Affections :	{	Nasal Catarrh;
		Hay Fever;
	{	Laryngeal Catarrh;
		Bronchial Catarrh;
	{	Pulmonary Catarrh;
		Pulmonary Tuberculosis;
	{	Pleurisy.
Disorders of the Circulation:	{	Heart Disease;
		Arterial Degeneration;
	{	Lymph Vascular Degenerations.
Diseases of the Blood :	{	Anemia, Secondary and Primary;
		Leukemia.
	{	
Kidney Diseases:	{	Disorders of the Circulation;
		Disorders of Secretion (Bright's Disease.)
	{	
Diseases of the Nervous System :	{	Inflammations ;
		Convulsions ;
	{	Neurasthenia.

The above diagrammatic scheme will ultimately be taken up in detail for the purpose of showing the intimate relationships and inter-dependencies of each of the respective disorders, but the limits originally mapped out for the paper have been so far exceeded that it will be necessary to defer discussion until another time.

1513 Arch street,
Philadelphia, Pa.

DOSIMETRIC'S LITTLE FAMILY.

By La Vergne A. Barber, M. S.

"For your good we're always working.
Little are we? That is true.
But we hustle, bustle, rustle,
And gigantic work we do."

Thus spoke Dosimetric's mother,
To the sick, the lame and sore,
When first we met her band of workers,
Overlooked by us before.

Hundreds of the little fellows
Grouped before us seemed to say,
"Get familiar with your duty,
Try us for a single day."

Little "Anodyne for Infants"
Was the first one we employed;
Soon we left the baby sleeping
And the mother overjoyed.

Then said "Anticonstipation,"
"I guarantee great work to do;
I am little, but I get there;
Won't you let me work for you?"

Sure enough, he quite surprised me,
For such a very little kid;
Certainly he knew his business,
And a giant's work he did.

Next a very little fellow,
Called "Glonoin" proved his might;
And I thanked him for his power,
For he saved a life that night.

Little "Nuclein" next surprised me;
As he worked, a passing glance
Showed how well he knew his business
When I gave him half a chance.

Then we tried young "Calci. Sulphide;"
Suppuration is his hold.
Knows just what to do, and does it;
Half his worth was never told.

But we might write on for ever,
Trying to proclaim their worth.
And you'll find, if you're a doctor,
They're your best friends on this earth.

They require that you must study
Where and when to make the test;
Give them when they're indicated
And "Little Pills" will do the rest.

Mars, Pa.

IRIDO-CYCLITIS. PANOPHTHALMITIS.*

By W. A. Fisher, M. D.

Professor of Ophthalmology in the Chicago Eye,
Ear, Nose and Throat College; Surgeon
Illinois Charitable Eye and Ear
Infirmary, Chicago, Ill.

WE have here two very interesting and instructive cases; in both, operations being imperative. The time for operating is when a positive diagnosis has been made (diagnosis first always).

The first case Mr. J., aged twenty-two: Irido-cyclitis. The first pronounced symptom you see is exophthalmos, the left eye seeming much larger than the right. If you will have him look down, palpate the two eyes as I do and compare them, you will note the marked increase in tension in the left eye. At the same time you will notice that he complains of pain on the slightest touch. The next thing you will see is the opaque lens and above you will observe he has had an iridectomy, presumably to lessen the increased tension he had at that time. Eyes like these have very quiet times and also periods of irritation. You also will note the ciliary injection, which is marked. Both eyes move in all directions when following my hand, this symptom showing a marked contrast to the other case before, where one eye is immovable. There is no vision in the left eye and below normal in the right (20-30).

We will now take him in the dark room and see the condition of the interior of the left eye. We will have him hold his hand over the right eye and ask him to point in the direction of the light as I throw it into the left eye reflected from the mirror of the ophthalmoscope. You see now that I throw the light on the left eye from all directions and he gives no sign that he sees it. We are now sure that an operation for the removal of the lens in this eye, if successful, would not give him any vision. The removal of a lens in an eye

like this with the tension so high, would, in all probability, be disastrous even as to saving the globe. As soon as an incision was made in the cornea for extracting the lens, not only would the lens extract itself, but a loss of vitreous would follow. The eye being hopelessly blind leaves nothing but enucleation, not only for the pain he endures but for protection to his right eye.

We will now ask him about his eye. He tells us that he had an injury twelve years ago, and has been troubled from time to time with it ever since. At times it would remain quiet, not giving him any discomfort. Two years ago he tells us he had an iridectomy, which gave him relief for a time; he also tells us that he has been advised to have it removed.

Conservative surgery in this case being enucleation, we will advise the removal of the offending eye, and at the same time tell him that we will have nothing to do with the case unless he submits to the operation. If we did not make it imperative he might postpone the operation for a more convenient time, and when we saw him again it might be too late, for he might have sympathetic inflammation in the right eye. If any one of you has had the misfortune to treat a sympathetic case, you will recognize the importance of an early operation. If he has the offending eye removed this afternoon we may reasonably promise him good vision in the right eye. He tells us that he expected this advice and will do as recommended, for he has heard the same story before, but not so emphatically.

You cannot be too firm in a case like this. Simply tell him as I have told him, that if he does not take the advice he must go elsewhere; then you are relieved of all responsibility. Cases like this will receive prompt and better treatment if you are firm and explicit, than if you only half explain. If you refuse to treat them on the expectant plan, they will usually abide by your advice and many times you will

*A Clinical lecture delivered at the Chicago Eye, Ear, Nose and Throat College, September 29, 1897.

save a person from becoming blind. He tells us that he felt so badly this morning that he ate a light breakfast and he has had no dinner. We will now give him an anesthetic; ether being my preference in this case. While he is being anesthetized we make ready to do the operation in as thoroughly antiseptic a manner as possible.

In irido-cyclitis we must enucleate whenever sympathetic ophthalmia threatens or has already taken place, if the offending eye has no vision.

If there remained the slightest vision in this eye and there was no sympathetic inflammation in the fellow eye, we would hesitate; for the sympathizing eye might be the least serviceable to him. But in this case we have no vision at all and we need not hesitate to enucleate, even if he had sympathetic inflammation in the other eye. An eye like this that is painful and cannot be relieved in any other way, should be enucleated. In fact, conservative surgery demands the removal of all eyes that have no vision, where there is any possible danger of causing disturbance of the fellow eye; and especially so in those that are distant from a competent oculist. Sympathetic inflammation often comes on so suddenly that the patient is too late.

We must pursue a more radical course in our dispensary work than in our private practice. In our private work we often have patients who deplore the loss of a globe, have time and means, and can be more closely watched. In many such cases we might save the globe, and that would be a source of comfort to the patient. In dispensary work we are dealing with the poor who cannot afford the time for the benefit they might receive. Then too, in such patients, the saving of the globe of the eye would not be of much service to them, and they cannot afford to take any chances on an eye without vision and which is a source of annoyance. In many dispensary patients, I have advised enucleation for fear of sympathetic trouble,

that I would not have advised so strongly if they were private patients and had the time to devote to their troubles.

He is now under the anesthetic and we will proceed to introduce the speculum. First, incise the conjunctiva all round the cornea, preserving as much of the conjunctiva as possible. This being done, we will now take up the muscles one by one and sever them. We now have all the muscles detached from the sclera. In taking out the speculum we can, with a little manipulation, make the eye-ball protrude slightly. In doing this and introducing the curved scissors, as I now do, to sever the optic nerve, be careful; for in so doing you might rupture the globe; which is thin from continued pressure. We now have the optic nerve between the blades of the scissors, and with one snip we sever the nerve; and the operation is over with the exception of the dressing, which is very simple. Some put a tobacco-pouch suture in the conjunctiva, but if we omit that, as we do in this case, and apply a simple dressing, we will have the same result.

We will have him return to-morrow and put on a new dressing; then we need not see him for a week or ten days, letting him attend to the dressing at home. We will advise him to keep up the dressing for four or five days; at the end of that time he may tie a clean handkerchief over the eye or simply wear a patch. In about ten days we can insert an artificial eye. Sometimes we encounter considerable hemorrhage, but this is easily controlled by a pressure bandage.

Case 2. We will now turn our attention to the other case. Mr. A., aged seventy-one: Panophthalmitis. This case is unlike the first one; there both eyes were wide open; here one is hidden from our view by the swelling of the lids. The first prominent symptom you see in this case is an exophthalmos of the right eye (the same as you saw in the other case). You can

tell there is enlargement by looking at the swollen lids. By inspection you can tell that he has had a cataract operation on the left eye. You see the iridectomy upwards and the tremulous iris. When I open the lids of the right eye you will notice that it is very painful to him. You can readily see that the conjunctiva, although much swollen and injected, is not the cause of his trouble. In looking at the cornea you can distinguish a white mass filling the anterior chamber. This white mass prevents us from seeing the iris.

We will now have him look down and palpate the two eyes. You will readily detect the stone-like hardness of the right eye. You will also notice that he complains of much pain. If you will hold the lids of the eye open we will note the movement of the eyes. I will have him follow my finger with his good eye. You will plainly see that while the left eye follows my finger, the right eye remain stationary. In this the globe is filled with pus and we have a case of panophthalmitis. Now what shall we do? One of you may say, enucleate the same as in the other case. We hesitate to give our consent to this when we know how much hemorrhage we are likely to encounter, and when we think of some cases like this possibly proving fatal. But something must be done.

We now ask him about his trouble and he tells us he had a cataract operation performed last January, and when he left his doctor he was told that it might be necessary to remove the eye if it caused him trouble. He tells us it has been painful for a week and he, like the former patient, anticipated our verdict; and he also informs us that he was unable to eat his dinner on account of pain. We need not ask him if we can remove the eye, he asks us to do it. Now what shall we do with the eye?

If we enucleate, we encounter much hemorrhage and have a large raw surface for infection. If the eye had been enu-

cleated a few days ago, he would have been spared much pain, with less danger of loss of life. If this eye had been treated with cold applications and leeches at the outset, the panophthalmitis might have been avoided. When we have a panophthalmitis no palliative treatment is of any use, the only thing being interference. We may enucleate, eviscerate, or make a deep incision in the globe. Meningitis has followed all operative procedures, as well as when no operation has been performed. If we let the case alone the globe must rupture. Some surgeons do not hesitate to perform enucleation or evisceration. We must do something and will select evisceration. While he is taking an anesthetic (chloroform is my choice in this case, considering his age, etc.), we will prepare to do the operation in an antiseptic manner; but you will readily see that it cannot be done aseptically, for we are dealing with pus in the eye-ball.

While he is being anesthetized, you may ask what to do for a case of this kind, if seen early; that is, before pus has formed in the vitreous. The first indication will be to limit the inflammation as much as possible, by cold applications and leeches. As soon as purulent matter can be detected in the interior of the eye, the treatment must be changed. We must now hasten suppuration and try to relieve pain. This is best done by hot applications and large doses of morphine. A compress bandage will sometimes give relief, but at others will increase the pain. If you can detect any thinning of the cornea or sclera, make an incision at once and keep it open by daily probing. After a time the ball will atrophy. Do not wait, but be charitable to your patient, and enucleate before pus is formed. If your patient has panophthalmitis upon his first visit to you, and you suspect a foreign body in the eye, enucleate; for the foreign body may set up sympathetic ophthalmia.

He is now well under the anesthetic, and

we will proceed to make the incision as we would in a cataract operation, excepting a little deeper. Then with the scissors we cut off the lower half of the cornea. We now clean out the interior of the eye. You will see that the choroid is very stiff, and holds its shape after the vitreous has been removed.

We cleanse thoroughly with 1-5000 bichloride solution, and apply an antiseptic dressing. Here it would be very unwise to put in a tobacco-pouch suture, for we are sure to have pus when we dress the eye tomorrow. We will have him call for daily dressing.

These two cases are very interesting, as they show us what an early and positive diagnosis means. Each patient would have been saved much pain and would have incurred less risk had an earlier operation been performed.

HYDRASTIS IN THE TREATMENT OF CATARRHAL DYSPEPSIA.

By Edwin Pynchon, M. D., Chicago, Ill.

Professor of Rhino-Laryngology and Otology, Chicago Eye, Ear, Nose and Throat College;

Senior Assistant Aural Surgeon

Illinois Charitable Eye and

Ear Infirmary,

Chicago.

AMONG the earlier indigenous remedies thought highly of in the treatment of catarrhal dyspepsia was



EDWIN PYNCHON.

hydrastis canadensis. Practitioners of a half-century ago were in the habit of giving large quantities of an infusion, or tea, of this root, and secured thereby good results. The compulsory free drinking of an aqueous fluid, and the bitter tonic effect of the remedy, had both singly and jointly a desirable influence, the fluid rendering mechanical aid and the tonic increasing the appetite.

Furthermore, the remedy exerted its peculiar and marked effect in allaying the irritation of the mucous membrane, which is so invariably associated with conditions of catarrh. There was sometimes added a suitable amount of some preparation of iron, or of soda—ferric carbonate or sodium phosphate being the favorites. While the dose was unpalatable it was taken by the patient with but little complaint, as the results were so prompt and efficient in correcting the mal-condition.

In my treatment of cases of chronic nasal catarrh I am continually meeting with conditions of atonic dyspepsia. I experimented for some time with the fluid extracts of hydrastis in common use, and found that they produced bitter, uninviting mixtures, with but little to recommend them, and were quite inferior, from a therapeutical standpoint, to the infusion of by-gone days, previously alluded to. So I sought further with the desire of finding a preparation of this drug in every way in harmony with the best latter-day products of pharmaceutical excellence.

During previous years of general practice I had frequently employed Lloyd's Hydrastis as an ingredient in gonorrheal injections and other lotions, and had never had cause for complaint concerning its therapeutical value. In this colorless preparation, while there is lost to a large degree the bitter tonic element of the crude drug, there is left the other and more desirable property, the power of allaying the irritation underlying catarrhal conditions; in other words, the purified alkaloid hydrastine, and this was the property I most desired in the treatment of the class of cases alluded to. Hence I decided to prescribe it and await results.

Through reports from patients I learned that my prescription has on several occasions prompted the compounding pharmacist to criticize and express doubt, he probably having a doubt in his mind as to my sanity in prescribing a gonorrheal

remedy for internal administration. This may have been to some extent provoked by the general knowledge that a popular preparation of colorless *pinus canadensis* has by analysis been found to contain mineral astringents, which would prove harmful if internally administered. Notwithstanding the criticisms alluded to I continued to prescribe Lloyd's Hydrastis internally and with always the most desirable results.

My most frequent prescription has been Lloyd's Hydrastis, one ounce; *ess. pepsin*, Fairchild, three ounces. Mix. Direct: Dose, a teaspoonful four times a day, after meals, and upon retiring. I also advise the free drinking of pure water, a large glassful a few minutes before each meal and also before retiring. *Ozonate Lithia* is my favorite.

When the indications call for this compound I prescribe it with a feeling of assurance that I will obtain the results desired.

Each of the remedies is made by a house of well-established reliability. They, furthermore, are both in stock at any good drug-store, hence there is but little cause for substitution, and with a reliable pharmacist none whatever.

In cases wherein the appetite is impaired, the indication being for a bitter tonic, I add to the above mixture a drachm of Lloyd's Specific Nux, it being the most reliable and efficient fluid preparation of this drug of which I have as yet learned. In fact, all of Lloyd's Specific Tinctures will be found to be invariably reliable; they, with but a few exceptions, like fluid-extracts, representing pound for pound and minim for grain of the crude drug; though, unlike fluid-extracts, they are clear instead of being opaque, as during the manufacture they are freed from all starchy and inert matter. Furthermore, a good many of them are made from the green root or bark. I invariably prescribe them as though they were fluid-extracts.

No attention need be paid to their so-called "specific indications" unless desired, though several of these will be found of value.

Columbus Memorial Building.

CONSTIPATION.

By F. O. Sparks, M. D.

WHEN we are called to treat constipation we usually find it in the chronic form, after laxatives and cathartics have been long used. It is usually accompanied by abnormal growths within the rectum, tenesmus, discharges of mucus and blood with stools. Examination will reveal a tonic spasm of the sphincter ani in nearly all cases.

The constant pressure of this muscle on the termini of the great sympathetic nerve will prevent it from keeping up the normal nutrition of the rectum, and it will also retard the return of venous blood from the part, hence hemorrhoids or other growths within the rectum.

The great sympathetic is a semi-sensitive nerve, therefore will tolerate pressure a long time before complaining, but afterwards we will have a great variety of reflex symptoms affecting the head, heart, stomach and bowels, all of which will cry out for relief.

The muscular strength of the rectum is not sufficient to overcome the tonic spasm of the sphincter ani and to expel the fecal matter lodged therein; so it is retained until all moisture is absorbed, taken into the blood, then forced through the skin and other excretory organs, and disease results.

The first important step is to break up this tonic spasm, which can be done by mechanical means. It is safely and readily accomplished by inserting the index finger of each hand into the rectum and stretching the sphincter to its limits.

We have to continue the mechanical treatment until the parts can be strengthened by electricity.

For that purpose use an enema of hot water every day, putting into a quart a tablespoonful of hamamelis. If fecal matter cannot be readily removed by the ordinary short tube of a syringe, attach thereto a large-sized catheter and pass it above it.

To restore the vigor of the rectum and stimulate absorption of the enlarged veins and glands, I would suggest cataphoresis, as thereby you will get the stimulating effect of electricity, and proper medication to relieve the semi-paralytic condition of the nerves that carry on the peristaltic action of the bowels and rectum.

For cataphoresis I would use on the sponge electrode a solution of nux vomica, twenty drops of the tincture to eight ounces of alcohol. Use the galvanic current, the positive pole passed over the stomach, bowels and lumbar region, the negative stable to the anus. If accompanied by coated tongue and vomiting, use ipecac in the same manner and quantity; if with bilious fever and headache, use gelsemium; if with clay-colored, undigested stools, use podophyllin; if with prostration and anemia, use extract of Peruvian bark. Children with marasmus, treated in the same manner, beginning with the mechanical remedy, will soon be restored.

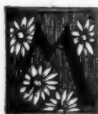
Grenola, Kas.

The Medical Sentinel says that the Pacific Northwest will export this year over one hundred million dollars' worth of produce, most of which represents a profit to the producer of fifty per cent.

Voyagers towards Alaska might find their gold mines nearer home.

Surgeon-General Bates, of the U. S. Navy, died suddenly at the Shoreham Hotel, Washington. The report does not state that he had just received his bill, but nobody who has ever stopped at this hotel will doubt what really caused his death.

Dr. Reynolds is after the Chinese laundries, where work is said to be done by persons affected with contagious disease.



MISCELLANEOUS

The pages of this department are for you. Use them. Ask questions, answer questions and aid us in every way you can to fill it with helpfulness. Let all feel "at home."

NOTES ON THE OCTOBER CLINIC.

Editor Alkaloidal Clinic :—"Accidental Cure," page 589, by W. T. M. Accidents will happen to the best of us, but both in

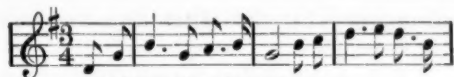


E. M. EPSTEIN.

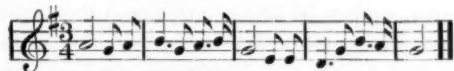
one are rare. Yet our good editor knows of three such. And all these four are here recorded for our "edification," as he says, that we may be warned against the like; for as "one swallow does not make a summer," so many swallows make a fall, as the tippler knows.

"Acute Disease, Alkaloids in," page 568, by Dr. J. M. Watt, is an excellent paper, written from convictions gained at the bedside. He gives four tellingly illustrative cases, showing the benefits of the alkalometric method. Yet the medical part of the world, like the rest, will not be converted in a day, our day, and the good tidings bringing salvation from disease must and will be preached by the apostles of progress, irrespective of schools and sects.

"Anodyne for Infants" (Waugh's), bequiles the grateful admiration of Dr. W. H. Blythe, page 605, to remember by comparison the charms of Orpheus over his love-lost Eurydike, the animals, the trees, the streams and the three-headed watchdog. He tells also of a number of anything but mythological American "mothers," who sing to their babies of the pleasant and good effects of "Waugh's Infant Anodyne." On reading this, the following lullaby lines slipped out from my pen, which I hummed to a well-known soothing remedy thus :



In Chicago, there they make
Something good for thee to take,
This is Waugh's good Anodyne,
Just for thee, thou darling mine.



Long we sought for something like
When the colics baby strike,
So we now the granules keep
For they give thee rest and sleep.

"Boils," the prevalence of them during the heated season, is mentioned by Dr. H. Crain, page 599. Need it be told that alkalometrists combat them with calcium sulphide successfully? My older remedy for this was aromatic sulphuric acid, gtt. x, three or four times daily.

"Bronchitis," page 602, a report of a case by Dr. D. T. Barr, is interesting because of its complications and the treatment recommended by the editor. The patient may yet have severe attacks of dyspnea, then glonoin will relieve her instantly.

"B. U. T." gets its just meed of praise from Dr. W. H. Blythe, page 605. Yes, as the doctor's patient said, so do I; "Doctor, don't you ever be without them!"

"Burns" belated ones, from the X rays, page 552, is a very remarkable report, for which the editor is unable to vouch. The facts should be ascertained.

"Calls, Physician's," must they be responded to? To this the editor devotes more than half of page 547, in which, among other excellent ideas, he also attempts to take out the pharisaic starch from some of our pretentious benefactors. May it be successful!

"Calphenol" is highly praised by Dr. J. Robie, page 605, as "Satisfactory Dressing for Erysipelas." This article is advertised in the CLINIC, which is a 4-5 guarantee of the truthfulness of what is claimed for the article. It would be 5-5 if it were manufactured in A. A. Co.'s laboratory, but it is not as the doctor supposes. [It is all right just the same.—ED. A.]

"Campho-Phenique in Erysipelas," is testified to as successful by Dr. Marie L. Holloway, page 593.

"Cerebral Congestion," page 594, speedily removed by croton oil granules, is reported by Dr. J. W. Neptune. The remedy is old, but the new form was very serviceable.

"Chills" can be aborted by chloroform, administered *per os*, so testify Drs. Brodnax and the editor, pages 592-593.

"Circumcision," as a cure for convulsions, page 586, is well illustrated with three cases, by Dr. H. Klemm. The editor's suggestion should be well remembered.

"CLINIC, The," and that for what it stands up, is topmost in the estimation of Dr. A. A. Spurgeon, page 591. That name is connected for ever with zeal for truth and goodness, and the doctor verifies it in our case. *Nomen est omen.*

Dr. A. R. Judson, too, page 606, is of the same opinion, which many thousands entertain.

"Colitis, Mucous," is a rare and difficult case, reported by Dr. J. Benson, page 527, for advice which the editor gives, and which when Dr. B. will carry out he will let us know results. Will he not?

"Constipation and Waugh's Anti." this which has proved successful in the times thousand and one instances, has also in the hands of J. R. Fox, in that instance, page 590. Other remedies for this prevalent evil may *relieve*, this one *cures*.

"Contagion Spreads, The." But in this instance the contagion is benignant. See Dr. L. B. Young, page 591. The doctor indulges in the optimism that alkalometry will in time be generally adopted. But it needs no pessimism to disagree with this. Like any other truth and right, it, too, will become general, when "time," which stands for all human limitations, "shall be no more;" till then ignorance and selfishness must prevail; "many are called, but few are chosen." The doctor argues for his

view from the "survival of the fittest." But this is a mere unproved dogma, fitly emanating from British unsatiated greed, while the sad truth is, that the most unfit survive in the kingdom of man. Yet the fittest will survive in the kingdom of God, and for this we have yet to work and pray: "Thy Kingdom come!" on earth!

"Cure," see Accidental Cure in these Notes. And here is another:

COCAINE FOR TETANUS.

A Mexican boy, about twelve years old, had tetanus, and cocaine was prescribed in the usual sized dose, but the druggist by mistake gave ten times the amount. This was not known until after the remedy had been given, but the result was complete recovery! The same was tried in another case with a similar result.—BOWMAN, in *Med. World*.

"Diarrhea, Periodic (?)" page 600, is a very remarkable case, reported by Dr. A. N. Treadgold. The editor advises proper treatment, and says: "Try this and report results." Will you, please, mind this, dear Doctor?

"Dyspepsia," page 556, is in this CLINIC discussed by Dr. John Aulde, as to "its causation and systemic effects," and the good promise is given that the doctor will continue the discussion in future CLINICS. There is enjoyment and profitable instruction in prospect for us, for the doctor is an original thinker, and safe at the same time, a combination not too often to be met with.

"Earache," a remedy, in page 593, by Dr. Holloway.

"Electro-Therapeutics, Hints to Beginners," in page 563, is an instructive paper by our friend, Dr. W. H. Walling, who now an expert was himself a beginner too, and knows well what such a one needs.

"Eliminants in Febrile Diseases," by S. H. Britton, discusses a very important subject. That eliminants are a *sine qua non* in such diseases there can be no question; what is, is what these should be, and as to

these, see what the editor says, and you can trust him.

"Fads and Faddists," page 549, is what the editor applies to certain uncertain tests proposed for typhoid fever. The reader who wishes to know more about this subject will find information in *Cincinnati Lancet-Clinic*, for October 2, 1897. I am linguistically distressed about the origin of the word "Fad." Well, can anyone help me?

"Formalin," as a disinfectant is favorably noticed by the editor, page 552. If it is all that is claimed for its all-pervading fumes, it must prove a real boon for the disinfection of tenement rooms in sickness during the cold season. From what the editor says, I must judge that this is not a "fad."

"Granules," praised in the verse of "Uncle Josh and Little Pills," page 565, by Dr. A. L. Barber, shows, among other things, the English linguistic facility of using some innocuous words for others, which might be blamed for what "blame" and "gosh" stand for.

"Hematuria or Hemorrhagic Malarial Fever," is a deeply interesting record, by Dr. J. De Leon, page 595, for both those who practise in malarial regions and also in healthier ones. The disease seems to be a direct acute attack on the blood by a terrible poison, which the kidneys try to eliminate by bleeding. The doctor's successful treatment, too, was eliminative by perspiration and catharsis.

"Hiccough," a simple and efficient remedy for it, which is always at hand, or, rather in the mouth, is confidently recommended by Dr. M. C. Vest, page 597. Would any reader tell us what connection there is between the phrenic and palatine nerves?

"Individuality," says Dr. H. Crain in his "Notes, etc.," is lost sight of at the present time. This reminds one of Thomas Carlyle's outburst: "Curse upon your societies. Give me a man!"

"Indians, Their Obstetric Customs in the North-West," page 560, is an interesting contribution to ethnology, by Dr. C. S. Moody. Some of their physical procedures seem very proper, and their notions of spiritual evil attending the very birth of the human being seem also not far from reasonable.

"Insane Environments," by the editor, page 545, is a very important paper. The description is graphic, almost photographic, and sadly true also to nature. We meet with such cases not infrequently, alas, in our day of mental and nervous overstrain. And there are also milder cases than those described here by our keenly observing and humanely disposed editor, deserving some notice. There are husbands and wives whom Providence has brought together. The one comes from a highly strung sensitive family, the other from a phlegmatic, not easily perturbed parentage. Not though, but just because, their dispositions are dissimilar, has genuine love made of the twain one match, for such is the law of attraction. But in the intercourse of life there comes a rub, and the match bursts out in a flame. The phlegmatic party is lacking the grace of putting one's-self in the other's place, lacking sympathy in the true sense of the word, and all unconsciously acts upon its own ideas as unimprovable. Then when the party of the first part makes some demand, which the party of the second part deems unreasonable according to its set ideas, it is met with the expression, "You are crazy!" It is a divine mercy when such a union is not severed by either the divorce courts or by the lunatic asylum. The reasonable treatment in such cases seems to be this: If you think the other party to be crazy, then treat it as such by yielding as long as there is no danger of life. If you do not, then your offspring will inherit the faults of you both; and if you do, they will be the happy results of a harmony of opposite and yet good qualities.

"Insect Bites," page 550, is one of those practical notices by the editor, who, though having all remedies easily at his command, yet does not lack that wholesome skepticism as to the lauded efficacy of the panacea qualities of some of them.

"Iris Versicolor," the green root of it, page 549, is recommended by the editor on good authority for many and various ailments, almost too numerous to be mentioned in these alphabetical notes. The final question of this may be answered by the probable fact that we have not the proper directions ready at hand.

"Laxative, Waugh's," better known and better named as "Anticonstipation granules," finds appreciative acknowledgment from Dr. J. R. Fox, page 590, and Dr. W. H. Blythe. A laxative may relieve, but these granules cure constipation, provided Dr. W.'s directions are rigidly complied with.

"Longevity and Vegetarian Diet," page 597. Dr. H. S. Brewer supports his theory by some cases. Well, it must be admitted that not a few vegetarians live to a very old age, and that is all. But many more non-vegetarians the world over live over their hundred years. There seems to be, if I am not mistaken, a cryptic animus against certain religious tenets in this anti-carnic theory of vegetarianism. But this is not the place to advert to it. The always racy "Parisian Medical Chit-Chat" of the *Cincinnati Lancet-Clinic* has something apropos on this subject, in the October 16, 1897 number. The drollery of the writer there does not detract from the truthfulness of his statement.

"Menstruation, Suppressed," page 593, is an interesting record by Dr. C. H. Cass, where he relieved severe spasms by glonoin.

What instrument is "Brown's Renovator?" I do not find it in some very good instrument catalogues. I hate to be ignorant of things pertaining to medicine.

"Na-Phoskol," page 606, is asked about, its usefulness in renal colic, by Dr. Carrie

L. Heald, and answered affirmatively by the editor. On page xxxii the composition of the article is given, for which I am linguistically grateful, as it gives me the clue to the name.

"Notes, etc.," demand corrections on page 581, right column, line first, read "requiescant." Line sixth, last word, read "electrics." Line eleven from bottom, read "Ennemoser's."

"Nuclein," page 548, and its destructive effect upon atropine, hyoscyamine and duboisine has been noticed by the the editor, yet he asks for confirmation from others, whether they also observed the same. What a vista this fact opens into biochemistry!! Let us hear what Dr. Aulde has to say to this.

"Palpitation," page 602, is the report of a case by Dr. C. S. Moody, in which hepatic and hysteric affections are implicated. The editor suggests appropriate treatment, the results of which Dr. M. should be kindly mindful to tell us.

"Pink." This color question, first in this CLINIC number, awaits the solution yet, in the figurative Latin sense of "Solve." "

"Puerperal State," page 571, by Dr. F. M. Walls, is an intensely interesting article to both the old and young practitioners; the former he reminds so vividly of what he met with in his career, and the latter of what he will meet. In the seventh section the doctor, or the printer, says: that gonorrhea is "recognized as a patent etiological factor in gynecology." Did the doctor mean to say "potent?" Alas, it is patent, that both spellings are correct in this instance. Dear Doctor, the writer of this is an incorrigible linguist, too old to learn any better, and you will, therefore, excuse him for suggesting that "toxemia of the blood" (page 574, right column, below middle) is a bilingual tautology. Otherwise he thanks you for the enjoyment which your diction gave him.

"Rhus Poisoning," page 592, was found

to be curable with borax, by Dr. A. F. Henry. What is the medical term for "stuffing?"

"Specialist Work," page 550, by the editor, is a good, very good talk, for all time present and to come. The doctor speaks of the young doctor's adding "child after child." Well, this may injure his reputation among those who adhere to the two-children system at all hazards.

"Stomatitis," page 601, by Dr. G. G. Kemper, is the report of a very obstinate case. Please, Doctor, let us know how the editor's recommended treatment affected the case.

"Surgical Mistakes," page 548, is one of those brave utterances of our editor, born out of a fearless love of truth. Some famous surgeon used to say: "Never operate for stone without having a pebble in your hand; it facilitates the result." What is the meaning of "spier," in line fifteen from top? [Scotch for "ask."—Ed.]

"Therapeutics, Brief," is deservedly lauded by the above doctor, as well as by Dr. Blythe, page 605, and Dr. T. J. West on next page.

"Tonsillitis," its absolute and permanent cure, is absolutely discussed by Prof. E. Pynchon, page 575. His conclusion is to operate, and he tells when. Dr. Seyfert, of New York, recommended some years ago the injection into the hypertrophied tonsils of some drug, which produced their atrophy. I have forgotten the details about it. If any reader of this knows about it, he would confer a great favor upon me and others to state it.

"Uterine Derangements," page 562, is part iv of Dr. W. L. Coleman's original article, and treats of amenorrhea. The doctor's originality originates from his experience, and therefore must be read attentively, and profit you will always gain in doing so.

"Venesection," page 565, is a continuation by Dr. B. A. Allison of his last

month's paper. The least that can be said of the venerable doctor's articles is that they are a profitable portion of past medical history, and, dear reader, "history repeats itself."

"Waugh's New Book," page 600. Come to read over what the writer says about it, I believe every word of it. From what Dr. J. Saunders says about the book on page 606, I easily conclude that he will agree with me.

"Whooping Cough," page 594. Dr. Geo. W. Stanton confidently recommends silver iodide as a "very effective abortive and remedial agent" against the distressing malady. The doctor has used this remedy for the last thirty years, yet why did I not hear, or, rather, read of it? Have others?

"Yellow Fever." The editor, on page 549, reminds of Doctors Coleman's and Cuzner's articles on this topic in the September and October CLINICS of 1896. On pages 553-556, the editor gives an excellent article about it. On page 596, Dr. H. W. Hill give a very useful resume article on this almost yearly affliction. On page 603, Dr. J. T. Maxwell gives his experience with this disease since 1853. His views differ from those that prevail at the present time, but are as worthy of credence as any, and I must say are far more humane. What shall we learn from the scourge of this year? If quarantine could be made effective, one could patiently submit to it, but since it can not, what is the use of it in the face of the cruel inhumanity which it engenders? Brethren, there is somewhere a kink in our morality, which our boasted science can not straighten out. Hadn't we better be more modest and more humane?

Respectfully submitted by your fraternal

DR. EPSTEIN.

West Liberty, W. Va.

Please read "IMPORTANT BUSINESS MATTERS," first editorial page.

SEPTICEMIA TREATED DOSIMETRICALLY.

Editor Alkaloidal Clinic :—Well! Well! Well! Now look at that! I am jubilant beyond measure to-day over a case that I have just discharged, and I must tell you about it.

About two weeks ago a lady came to me with a very angry looking hand. She had had a felon started and undertook to open it with a pin. Result: a case of what I call blood-poison and the authors call septicemia.

Well, I lanced the thumb and told her to go home and poultice it till morning, when I would call and see what could be done. When I got to the house I found septic infection extending up the lymphatic chains to the shoulder, and the hand very much swollen and discharging some pus, but there was more which had to be liberated. I operated, laying the hand open at five different points, ridding it of the pus, and applied bichloride fomentations.

So far all very good, but the infection kept on, the pus kept forming, and my patient got weaker.

I now trotted out some of those little pills, and some of those Nuclein tablets which they say Aulde is responsible for, and put them to use.

I gave her one each of strychnine, gr. 1-134; aconitine, gr. 1-134; calcium sulphide, gr. 1-6; every hour, and Nuclein (Aulde) one tablet every hour; so she got medicine every half-hour for three days. The second day of medicinal treatment the flush of the lymphatic infection disappeared, the fever left and the heart got over its excitement.

What else? Why, the trouble was confined by the fifth day to its old stamping ground, the thumb and immediate vicinity. Now, be patient one moment more and I am done.

On the seventh day the dead tissue had

separated from the living and I removed a mass which would fill a large-sized table-spoon, which was probably composed chiefly of dead leucocytes, broken down cellular tissue and dead bacilli, which were all encapsulated. I continued with the treatment and the appropriate dressings, and now all that remains is a very clean wound, which is nicely granulated and will be well in a few days. I honestly believe that Nuclein and calcium sulphide internally, with the fomentations, did the trick so far as the diseased thumb was concerned and the aconitine supported the general system, principally the heart and blood-vessels.

The CLINIC and the granules together with the Nuclein, are among the good things of this world.

JNO. F. HARRINGTON, M. D.

Eldorado, Iowa.

—:O:—

Dr. Harrington did the right thing and did it vigorously and persistently; and that is the only way to succeed.—ED.

VEGETARIANISM.

Editor Alkaloidal Clinic :—Dr. Monteiro asks certain questions of me in the September CLINIC to which I will reply :

1. "How long has he been a vegetarian?" The sentiment of living without eating flesh of any animal has been growing upon me for several years. Circumstances, however, kept me from putting this sentiment into practice until about twenty months ago; the incumbrances I refer to were principally those accompanying board at various boarding houses, hotels, etc.

2. "How did he become a vegetarian?" Not at anyone's solicitation, or on a physician's advice. It has gradually grown distasteful to me to think of eating that which was formerly a living organism, to whom life was perhaps as dear as it is to me; whose associations were perhaps as pleasant; whose ties of affection as strong as

mine; who for aught that you or I can say may have as immortal a soul as you or I; who if measured by a standard of character, or morals, may have been our superior; one whose ancestors, you no doubt will admit, were yours and mine. This thought grew upon me until I determined that I would not wantonly take the life of any animal, unless it was injurious to my physical welfare, nor eat of the flesh of any animal killed by others for food. Therefore, I neither fish nor hunt.

3. "And how long does he expect to remain a vegetarian?"

Unless my present views change, I will probably not only continue to eat no flesh throughout life, but will also become a rigid "outstander" in regard to milk and eggs, which I have not given up yet.

I do not make any attempt to justify the use of eggs. I have a growing distaste for their use and feel that the time is soon coming when I will eat them no more. This will answer 5 and 6.

4. "Is he married, and if he has children does he rear them as vegetarians?"

I plead guilty to being married but my guilt is quite recent, only five months. I have no children, but if the laws of nature continue to work, probably will have. They will be free to choose for themselves when old enough to leave my roof, but if I am master in my own house they will not eat meat there. Please do not tell me they will starve to death.

7. "Has he ever tried his principle with his patients, and with what success?"

I recommend most of my patients to eat little or no meat. Most of them do as they generally do when a physician recommends a change in diet—do as they please. I particularly urge vegetarian diet where the symptoms point to uric acid diathesis and I believe with improvement in some cases.

8. "Does he prescribe cod-liver oil and pepsin."

I do not prescribe cod-liver oil, but do

prescribe some pepsin. I believe, however, that I could do as well without the pepsin. Wood and Fitz do not attach much value to the digestive ferments.

9. "Did he ever make a proselyte, and if so, how long was it before his convert became a "backslider?"

No; I do not feel that it is my mission to convert anyone to vegetarianism or any "ism." I have made no attempt to get converts.

10. "Has he discovered the virtues of cocoanut butter in cooking?"

No; most of our cooking is boiling and baking. Have used cotton-seed some. There are vegetable oils which serve as useful a purpose as the animal oils.

In answering these questions I have not given all the reasons for not eating meat. One very important consideration is the likelihood of disease. Many a cancerous beef has been slaughtered and sold for food. Other diseases which attack both man and animals are present in slaughtered meat at times. No doubt many tuberculous cows are eaten.

Perhaps you have all heard of the man whose neighbor remarked that his chickens had the "gapes." He replied, "Mine did have them." "Haven't they got them now?" "No; the preacher was here Thursday."

Perhaps some who live in the rural districts have noticed how anxious the farmer is to see the stock-buyer as soon as hogs begin to sicken with cholera. Would any one recommend me to eat the flesh of a sick hog in preference to wheat, rice, corn, fruit, vegetables, nuts, etc.?

Suppose, though, that it is a well hog? What does the well hog's body contain that the above mentioned vegetable products do not contain? If anything, where did the hog get it? He probably lived on grass, corn and acorns, possibly a few grub-worms. I have seen a few hogs that had an occasional snake or rat for diet. Possibly, you have some patient with

"trichinosis." The patient ate the hog, the hog ate the snake, the snake ate the rat, and the poor rat was sick unto death with "trichinosis."

What did you do for your patient, Doctor? Did you tell him not to eat another hog, that ate a snake, that ate a rat, that had trichinosis?

But, suppose the meat is entirely healthy and healthful, is it an advantage or a disadvantage to relieve the human stomach of work it should do? If so, would it not be a still greater advantage to refine the flesh of the animal, throwing out all water, and only give the human stomach the *very essence* of nutriment?

No, Doctor, if you wished a man to have a strong right arm you would not prescribe that all work should be made easy for that arm; in fact, that it should be rested all the time, and if exercised at all only passively.

May I ask why Dr. Monteiro eats meat, if he does so?

Is it because his parents did?

Is it because the meat contains nutriment not to be found in the vegetable products?

Is it because the meat is freer from disease germs than vegetable food?

Would he or any other advance if they did everything their parents did?

If Dr. Monteiro advocates the use of meat, by what mode of reasoning is he going to decide that man should eat hog-meat and not man-meat; or if cow-meat, why not dog-meat; if rabbit, why not cat; if turkey, why not turkey-buzzard?

W. S. MOFFETT, M. D.

Blue Mound, Ill.

HYDROZONE IN RHUS POISONING.

Editor Alkaloidal Clinic:—Referring to hydrozone in rhus poisoning, I saw a case which was first treated with zinc ointment and subsequently with carbolic acid. The girl, seventeen years old, became almost

crazy, the legs and chest being covered with blisters, and the arms and face in a dreadful condition.

It is a wonder she did not die from blood-poisoning.

I advised the mother to use Hydrozone. She concluded to use the Hydrozone, but, owing to the inflammation being acute, the girl could not stand it unless diluted one to twenty-four with water. After six days the inflammation was subdued, and Hydrozone was then applied full strength. Six days later the girl was all right.

C. S. MARCHAND.

New York City.

URINARY INSUFFICIENCY.

Editor Alkaloidal Clinic—In the April, May and June, 1896, numbers of the CLINIC, pages 110, 147 and 187 respectively, Dr. Etheridge tells us of the effects of the retention of the urinary solids; and allow me to say that nothing has appeared in the columns of the CLINIC, or any other medical journal in the world, in my opinion, that calls up a question of more importance. We meet with this class of cases constantly, that yield no results from any line of treatment except that hinted at by Dr. Etheridge. Many such cases go down to death, after months and years of suffering, and yet the cause is unsuspected.

I have read and reread the article. It tallies exactly with what I have observed in many cases, and yet I had never found anything in any medical work to help me into the light, and had been groping my way into the knowledge of the cause of the sufferings in many of my cases, almost entirely unaided, until this article came to my aid.

But while Dr. Etheridge's article covered all the ground and probably accomplished all he intended it to do, viz.: to stimulate investigation, yet it would have been better if he had given his method of securing the free, full eliminative action

of the kidneys which he has shown the need of; and he would confer a favor on his humble servant, as well, no doubt, as on many of his professional brethren, if he would give us another article, giving an outline of treatment, and the remedies and means employed and preferred by him. And perhaps that would stimulate others to say something on the subject, which would result in greater knowledge on this important subject, and bring to our attention the new as well as the old diuretics and eliminants.

Out of the many cases of poisoning by the retention of the urinary solids in the human body, and which shows up in diverse ways, I will give one of recent occurrence in my practice, not because of my expert management of it, for I really might have done better; but I did the best I could with the remedies at hand, and my knowledge of the subject with which I had to deal. The case is quite typical.

October 11, 1896, I was called to see a woman twenty-five years old, who had given birth to her third child some three weeks previously. She was brought to me from the country in a common farm wagon, on a bed. She had not slept since her accouchement, and was sane only during brief moments of time; her eyes wide open, wild and staring. She feared for her life, and would take spells of screaming and jump out of bed and seize one of her children, or rush out of doors. At times she did not know her husband; complained of severe pain in the head most of the time; the tongue was clean; temperature 99.7°; pulse 80; strong smell of urine in the breath; had not been passing enough urine since some time before accouchement, but no attention had been paid to it by her medical attendant.

She had not voided urine for thirteen hours, so I passed a catheter but only got one and a half ounces of urine of about normal color. I was not prepared to make a test for presence or absence of

constituents, and so made none. The bowels had not been acting for some days. She had a fair appetite for food and ate freely. I found slight tenderness of the pelvic contents, a discharge from the uterus about the normal for a puerperal of three weeks, but the odor was rather bad. She was in a filthy condition and had evidently had no attention.

I directed her to be cleaned up with soap and water, and clean clothing put on her; and that vaginal douches of clean warm water be used twice a day until the odor had disappeared, which it soon did. I gave her tablets of calomel, gr. 1-4; podophyllin, gr. 1-12; bicarb. soda, gr. 1-2 in each tablet; two to be given every two hours for three doses; then two hours after the last dose epsom salts, in heaping teaspoonful doses, to be given every three hours till the bowels opened freely. Fluid extract gelsemium, two drops every hour; acetate of potassium, 1-2 ounce; water, four ounces; a tablespoonful every two hours. Chloral hydrate, one drachm; water, six tablespoonfuls; a tablespoonful to be given at bedtime and repeated every hour till she slept; other medicine to be left off when she was sleeping.

The next morning I found that the bowels had acted freely. She had had three evacuations, filling a chamber each time. The discharges were offensive; she had voided urine once only, no increase in quantity; had slept well nearly the whole night; temperature 99; pulse 80. I left off the gelsemium and added one granule of colchicine (Abbott) to each dose of the acetate of potassium; continued to give it every two hours. The chloral to be given as before directed, but the attendants finding it quieted her during her wild, excited attacks, gave it occasionally during the day, one or two doses always sufficing.

This line of treatment was kept up for forty-eight hours. She was growing more quiet; the kidneys had improved a little, were now acting twice in twenty-four hours,

and the quantity voided was nearly doubled; the bowels were being stirred often, and this demanded her to be up almost incessantly. I left off the colchicine granules till the bowels checked up and quieted some, expecting to begin to give them again, but less frequently, but never yet got back to them again. However, I feel that they had helped greatly to a favorable termination of the case.

At the time I stopped them I put up a watery solution of nitrite of sodium (Merck), eight grains to two ounces, and ordered a teaspoonful given every two hours, as I had good results from it in pregnant and puerperal cases when there was deficient kidney action. The action of the kidneys improved rapidly, the urinous odor of the breath also disappeared, at the same time the mental condition grew better as the excretion from the kidneys increased, and I ceased to visit her on the seventh day, but directed the treatment to be kept up for some days longer.

As this article is already long I will let the full report of this one case suffice as an illustration. The poison from retention of the urinary solids does not always act in the same way, and may spend its virulence on the nervous system generally or locally, the muscles of the body, or the heart. In the latter case the irritable, excitedly acting heart may lead one to think he has a hypertrophy to deal with. But let us hear from others on this important subject.

U. H. FARR, M. D.

Martinsville, Ind.

—O:—

I have frequently heard the same criticism upon Etheridge's valuable papers, that they were weak upon therapeutics. In the case quoted I would have cleaned the bowels by means of calomel, followed by Saline Laxative in doses of a tablespoonful every two hours, then relaxed the vascular tension by glonoin, a granule every half-hour till effect, with veratrine, a

granule every ten minutes for the paroxysms. Colchicine and apocynin would have followed naturally; the bowels being kept open by Saline Laxative and an occasional Eclectic Hepatic. But it will be seen that Dr. Farr obtained very good results with other remedies.—Ed.

FEVER MIXTURE.

Editor Alkaloidal Clinic:—The CLINIC, your therapeutic notes and granules, have certainly helped me over several hard places. And now I will give you the results of treatment of fever, congestive, slow and malarial, all by the same prescription, that so far has not failed in a single case; and I have treated a good many cases of all the above-named fevers both in adults and children.

Of course, I use other remedies if indicated, but often the patients, especially children, get well without anything else.

My object in giving the following prescription is to open up the capillaries generally, which being done the fever or congestion gives way. I put into a bottle ten granules each, aconitine, gelseminine, emetine, and aloin, and fifteen of Anodyne for Infants; add twenty teaspoonfuls of water; give from twenty drops to a teaspoonful according to age, every fifteen minutes until relieved. I then prolong the time to thirty or forty minutes, or longer, as the judgment of the physician directs. If the liver is torpid, stimulate it; if the stomach or bowels or kidneys are deranged, correct them; but very often the above treatment will do it all.

I have gained some notoriety for curing fevers with, as they call it, "water-melon juice." If the patient sweats colligatively, give a granule of atropine every hour or two till corrected.

I will answer this to your question to Dr. Fleming, page 537, September number: masturbation. I have treated such cases pretty extensively, and that has been the

rule with but few exceptions. If physicians will in a modest way question such patients closely, most of them after a little sparring will tell them all about it.

Success to the CLINIC and its noble editor. Suffering humanity will build you a mental monument of fame, for revolutionizing and simplifying the use of remedies to heal the sick.

DR. I. R. RIDDLE.

Mt. Pleasant, Texas.

—:O:—

While we do not believe in panaceas, it is a truer application of a specific medication to treat congestion whenever it is present, than to give one drug for smallpox, another for measles, etc.—Ed.

OLD AGE.

Editor Alkaloidal Clinic:—In answering to your request and to test Dr. Brewer's method of living a century, I beg leave to offer first: Alfred Dunlap, demised aged ninety and some months, whose habit was to eat meat (pork, beef, etc.) *ad libitum*; and who until of late years indulged in alcoholic stimulants, quite up to the measure of excess. He was also an inveterate habitue of tobacco up to a few months of his death, which was from pneumonia, incurred from exposure.

Mr. Dunlap was a hale and hearty old man, fairly preserved both mentally and physically.

So much for No. 1. Now comes No. 2, not quite ninety, but lacking only one of it. Mr. S. is as spry as any young man, well-preserved and in possession of all his faculties, always has some pleasant story to tell, or little joke to crack, and bids fair to live ten or twenty years yet.

This man's habit, as to diet, has been a rather full one, but as to alcohol or narcotics a total abstainer.

There is a vein of humor in the doctor's letter that I like; yet a man would have to be a "hustler" to back up his argument.

We are taught that "man does not live by bread alone," and human instinct often leads one to excesses. A man must to a certain extent be a law unto himself.

The habit of pork-eating has become too general in this and other lands to lay to its door the blame of a scrofulous condition, and if we are to believe history, the king's evil dates back into ancient times, and with those whose diet did not consist of swine-meat, as much as it did of kine.

Our porcine friend was known to the Latins under the name of Porcus, and Scrofa does not mean a hog, but was a name given to a sow that had borne pigs twice, and was also the name of a Roman family and of the keeper of swine.

Now as to conditions produced by the pork diet (I suppose the peculiar varieties or species would not be manifest), unless eaten in excess I doubt if any but good results would ensue physically. I have seen splendid specimens of the *genus homo* whose principal meat diet was pork, and I have also seen refined and intelligent ladies who seemed to relish a link of pork sausage and partook of it without evidencing anything of the porcine nature.

We certainly would not look to India for a lesson in the enjoyment of spiritual things, nor depend on "a diet of sunbeams, blended morning tints and distilled dew-drops," to cure disease or inspire us to see the beautiful.

There was much in the answer of the vegetarian, seemingly, when asked how he would sustain his strength if he ate no meat. In his reply he pointed to his oxen as an example of health and strength on a vegetable diet.

Yet how long is life to them? And how much brain-force do they exert? In fact, there is no pleasure without its opposing pain in excess. We are a law unto ourselves under this law, and if we improve our talent, other talents shall be added, riches and honor and long life shall be added thereto. It will all come through

obedience to His law; and science and the arms of precision are advancements along that line.

Let us learn to use the proper remedies correctly and those accurately prepared by The A. A. Co., and remember that the greatest study of man is man, not only physically but mentally. I do not pen this for controversy. Opinions and facts are often opposite and the test is investigation.

T. R. WEED, M. D.

Cheshire, Ohio.

MORPHINISM.

Editor Alkaloidal Clinic:—I will show my appreciation by trying to help Dr. W. W. D., page 412, out of his trouble, notwithstanding the unfavorable prognosis of the editor.

I will say in the outset that these are the only cases I ever attempted to cure, for two reasons. First, because I did not know how. Secondly, because my other patients, neither before nor since, seemed to want to be cured. I believe an earnest desire to get well is essential.

My patients were both men, one forty-seven and the other thirty-three years old. They were neither relatives nor friends. Otherwise the cases were so similar I will describe them together.

Both began by giving up whiskey because it was injuring their business. Each had been using morphine about five years. The eldest took a drachm of morphine in about three days; the other in two days. Each of them took three doses a day, making it easy to calculate the size of each dose.

Because the druggist from whom they bought had exhausted his supply in drachm bottles, they each bought a small box of tablets, containing gr. 1-8 of morphine and 1-150 of atropine. Both became wildly delirious with dilated pupils, etc., etc. A search in their trunks discovered a large number of empty morphine bottles and the tablets mentioned.

I was called in the night to see one and early next morning to see the other. After a few days treatment they became rational and made a confession which is substantially the above. As they were both anxious that I should cure them I promised to try, without even an idea as to what I would give. I do not know what suggested the plan to my mind.

I first secured a nurse for each. I then made a strong infusion of quassin, one quart for each, which I put into bottles, marked No. 1 and 2. In No. 1, I put the dose of morphine each had been taking. After each dose the nurse would put a teaspoonful of No. 2 in No. 1, which gradually reduced the medicine. I told them it was a substitute. The first dose won their confidence. Result, after both bottles were exhausted, having been so gradually taken off of the drug, they were cured.

This was six years ago. I know the cure was complete so far. One I know intimately, the other is a train-dispatcher, who has been employed ever since and under the eye of my brother, who is an M. D. and knows all the facts. The only other treatment was a tonic containing increasing doses of nitrate of strychnine, with out-door exercise, and regulation of bowels. Whether this will cure others or not remains to be seen. I submit it for what it is worth.

A. C. Fox, M. D.

Waynesboro, Va.

—:O:—

I would like to hear from others who have tried similar methods. Dr. Fox's "only other treatment" contains strychnine, to which he does not seem to attribute much importance. The gradual reduction has never worked well in my hands, but my patients are all doctors, and they come to me for so short a time that I really have not the chance to try the slow methods. And in home treatment it is rarely possible to know the real truth about a patient. The trained nurses of the day

are very valuable helps to us, but so many of them are said to be users of the drug that it is hard to tell whom one may trust. I have now on hand two patients who blame their drug-habits on trained nurses, who also used morphine.—Ed.

PUERPERAL CONVULSIONS.

Editor Alkaloidal Clinic:—On the morning of July 5th, I was called to see Mrs. H. The messenger said she was dying. She was about eight and a half months advanced in pregnancy, primipara. She had had a severe convulsion and soon after my arrival went into another, two more following during the forenoon. She was cedematous all over. A test of the urine showed it to be about one-third albumen.

On the morning of July 7th, I delivered her of a dead child. After two weeks' treatment with iron, phosphorus, digitalis and strychnine, the albumen in the urine was just as abundant as at first. Then I put her on glonoin, as suggested by Dr. Shaller (Shaller's Guide, page 119), continuing also the iron and phosphorus. The albumen has disappeared entirely. Hereafter I shall not omit glonoin.

And now, Dr. Abbott, I want to thank you for your "Suggestions for Clinical Applications." I find it very convenient and helpful. Calcium sulphide has done great good in some of my cases of bronchial affections. Nuclein has accomplished wonders for me in several cases of incipient phthisis. I have used "Zomakyne," first called "Caffenol," for several years and find it very satisfactory. Resinol is one of the best things in its line that I have found. It has cured eczema when other remedies had failed me; and one case of indolent ulcer of a year's standing I cured speedily with resinol.

These are some of the things I have found to be meritorious.

P. B. CROSSWAIT, M. D.

Mount Tabor, Ore.

TYPHOID FEVER.

Editor Alkaloidal Clinic:—I would like to say something for a treatment that has not been mentioned (to my knowledge) in the CLINIC—the Woodbridge.

I made a study last fall of some fifteen or twenty cases of typhoid fever which I treated by the Woodbridge method. The temperature in every case, except three, touched normal and stayed there within fourteen days. The three cases all recovered within three weeks' time after beginning the Woodbridge treatment. In these three cases my directions were not followed. In one of them I ordered Woodbridge tablets No. 1, No. c. Direct: One every fifteen minutes. Even allowing for sleeping half the time, they should have been all taken by the second day, and I found about a dozen in the box on the eighth day. But this case had a normal temperature on the twentieth day from commencement of treatment, although quite a severe case, having considerable delirium and fever as high as 105° , with a pulse as high as 124, and severe hemorrhage on the eleventh day; which, by the way, was readily controlled by zinc sulphocarbonate gr. 2, every two or three hours.

Now all of these cases were undoubtedly typhoid fever, as I did not begin treatment of them till positively assured that they were typhoid, not only by the symptoms and physical examination, but in some of the doubtful cases even by the microscope.

P. A. LEEDHAM, M. D.

Las Animas, Colo.

—:O:—

I would not depend upon the sulphocarbonates for intestinal hemorrhage, as we have better remedies in ergotin, digitalin, silver nitrate and turpentine. A singular fact in Dr. Woodbridge's treatment is that while he recommended the oil of eucalyptus citriodora in their composition, the firms that advertise these tablets have never purchased an ounce of that oil.

This I have directly from the man who has the exclusive agency for the sale of this oil in America. In the cases given we note practically the same result when the medicine that should have been taken in two days was not used in eight. Most cases get well in twenty-one days if left alone to good nursing.

ENLARGED SPLEEN.

Editor Alkaloidal Clinic:—I have just received my CLINIC this morning, and on page 494, I find an inquiry for treatment of enlarged spleen; so I desire to report a case now under treatment, which I am satisfied will terminate favorably.

First, I would like to call attention to the statement of Dr. Thomas Morgan Rotch, in his work on Pediatrics, that an enlarged spleen in children is the sequel of some other diseased condition, except, I might add, traumatism. In this I agree; so the first part of treatment in such a case would be to find if possible the primary cause and prescribe accordingly for the remaining treatment. Note report of case:

Nora J., aged six years, Norwegian, bright, smart, light complected and nervous temperament, was presented to my notice August 4, 1897. Family history good. I found a tumor extending from the left hypogastric region bulging from under the twelfth rib on the left side, to the right inguinal region, and from the stomach to the pelvis. The whole mass was movable. There was the usual line of symptoms accompanied by a marked leucocythemia. No enlargement of the liver was detected.

At the first visit, and to gain time, I prescribed Chapman's Hemoglobin, with the albuminate of arsenic and a salve of red oxide of mercury externally. I continued this until August 21, when I administered two and a-half drops of P. D. & Co's normal extract of ergot, hypodermically; repeated the same August 25, 30 and September 4. I am now giving

her a rest of one week from the iron and arsenic, and will then give the following prescription: Potassium iodide, one drachm; hemoglobin cum arsenico albo, one ounce and one-half; syrup of tolu, to make four ounces. Direct: One teaspoonful after each meal. I shall also continue the hypodermic injection of the ergot.

Some teachers advise injecting into the body of the tumor, but I have only done it subcutaneously, mostly a little above and to the left of the umbilicus.

The results so far are almost miraculous. The tumor has reduced in size fully one-half, and adverse symptoms are negative. I believe this plan to be all right. Would like to hear from the case mentioned in the CLINIC.

H. W. HUBBELL, M. D.

Sioux Rapids, Ia.

—:o:—

Does the normal ergot answer as well hypodermically as ergotin, or S. & D.'s ergotole? Strychnine arseniate in full doses, with hemoglobin and arsenic iodide, would suit such cases.—Ed.

MUCH GOOD IN A NUTSHELL.

Editor Alkaloidal Clinic:—I have been so busy that I have quite overlooked to thank you for a copy of your "Brief Therapeutics and Suggestions for Clinical Applications," just received. It is indeed very handy and helpful, and enabled me to completely knock out a very severe case of lumbago and torticollis. The patient was completely helpless, and the least motion of the back or neck would make him howl. Lithium benzoate, colchicine and rhus tox dispersed the rheumatic humors in three days, so that he was free from pain.

The little book does just what Waugh's does on a larger scale—gives one lots of information without compelling one to travel around the earth to find it when

in need of anything. I shall certainly remember you in my orders; but as I am simply studying privately at home, and only get in a little amateur practice amongst my friends, I do not have need of very much.

The little book for my pocket, and Waugh's for my desk, just fill a want that is much felt by the country doctor.

HUGH ROSS, M. D.

Remus, Mich.

A PROBLEM.

Editor Alkaloidal Clinic:—E. I. Meeker, aged fifty-eight, has always enjoyed good health with the exception of a severe attack of chronic diarrhea which endangered his life a few years ago. He has long been afflicted with a desire for alcohol, but limited himself to a few drinks after supper. He uses chewing and smoking tobacco freely. His family is long-lived and free from disease. Father died at seventy-two, of paralysis; mother is in good health at eighty-seven. For eight years he has been head book-keeper in a large saw-milling firm; has confined himself closely to business, and has the reputation of being very methodical in his work and of doing more than any other man in the community. For the last month or two there has been a considerable increase in business and he has been rushed for ten to eleven hours a day.

On August 26, he arose during the night to urinate; as the cool air struck him he was seized with a severe rigor and hurried back to bed, suffering terrible muscular pains, cramping and griping in character. After securing warmth there was profuse sweating and a subsidence of the pains.

He had been feeling some soreness for several days, and there was sweating at nights. He continued his work, but felt sorer.

On the night of the 27th, he had another rigor of less severity. On the 28th he

felt somewhat better but passed a restless night, suffering great muscular pain. I then gave him salicylic acid. He continued his work but suffered constantly and was almost unable to walk to and from his home.

September 2, I put him on lithiated hydrangea. September 4 there was no improvement, and during the afternoon I took him home in a buggy, he being unable to walk without intense pain in his legs, principally in the calves. The arms and shoulders resisted any muscular movement requiring much effort. Profuse sweating has occurred every night.

I now called Dr. McMurtrey in consultation and the patient was given a mixture of sp. tr. macrotys, bryonia and apocymum.

September 5. There was no improvement and the temperature was 102°.

I was now absent for four days and upon my return found the patient in bed and unchanged except for the worse. His face wore an anxious look and he said the pain he had to endure was something terrific. His tongue was slightly dry and brownish; breath rather foul; temperature had been ranging from 100° to 101°. He had been taking specific tinctures and the doctor had given some quinine and Dover's powder, and sodium salicylate. We now commenced the use of atropine to control the sweating.

September 10, suffering unabated. He describes the pain as being such as would be produced by a giant in strength having a death-grip on his muscles, principally those of the extremities. We now commenced giving three granules of strychnine arseniate every three hours, 1-100 grain of atropine every six hours, and sp. tr. veratrum for fever. Temperature to-day, morning 100.2; 3 p. m. 102; 6 p. m. 101°.

September 11, continued the salicylate, which however disturbed his stomach and continued granules regularly. This morning tongue coated brown and dry. Last night the suffering was intense. Morning

temperature 104°; 4 p. m. 101°. This afternoon the terrible pain began to subside.

Early in the disease I observed that his muscles were soft and seemed to lack tone. The pulse has remained soft and regular, the rate being from 80 to 100.

September 12. He states that the constant pain is somewhat relieved, but he can not stand on his feet or bear the least weight upon the muscles of his legs without great pain. His countenance is brighter and the tongue is moist but coated; breath foul; does not sweat so freely. This evening I added three granules of quinine arseniate, gr. 1-67, to the strychnine arseniate. Temperature this morning 100°; evening 101°. He is so weak that he could not trim his own fingernails. His appetite has been poor all along, but now shows some sign of improving. There is an apparent change for the better, but I do not want a relapse to occur, and I want him to improve as fast as possible. This evening he felt some pain and was very tired. We gave him some opium to secure sleep.

I feel sure that the strychnine arseniate is the proper thing, but I am anxious to receive your opinion and help.

E. D. MEEKER, M. M.

Birch Tree, Mo.

—:O:—

Your patient from over-work and bad habits was loaded up with toxins, excretory products, that were not eliminated as they should have been. Every organ was taxed to its uttermost, and when he got out of bed that night, and the cold air stopped the action of his skin, nature revolted and has kept at it ever since, being aggravated by your treatment.

He now suffers from auto-toxemia, a form of continued fever that may run into or simulate the prevailing fever of the season or locality.

Your treatment should be purely eliminative. Give one granule each of strychnine arseniate, gr. 1-134, amorphous aconi-

tine, gr. 1-134, and digitalin Germanic, gr. 1-67; or the same in our compound granule called the Dosimetric trinity No. 1 (No. 248 of our list). Add calomel, gr. 1-67, to each dose, and give it every hour until the temperature falls and the tongue clears up. Every morning give the Saline Laxative to move the bowels freely. He should have two to four stools daily. If after a few days you notice a positive periodicity of the symptoms, add to the above one granule of quinine arseniate, gr. 1-6.

Diet is of the utmost importance. Let him have only milk, meat-broths and thoroughly-cooked porridge, and insist on his drinking from two to three quarts or more of the purest and softest obtainable water every twenty-four hours.

When the fever falls and the tongue cleans up, continue the quinine and strychnine arseniates, a granule of each every two hours, reducing the quinine to gr. 1-67 as convalescence advances. Pain may be relieved by ten-grain doses of phenacetin every three or four hours until the eliminative treatment has had time to get in its work.

Stop that sodium salicylate and learn to do without it. It is a delusion and a snare. You say further along in your letter that you observe his muscles are soft and lacking in tone, a positive symptom of the condition I have above diagnosed. Keep him strictly in bed.

The above was crowded out through lack of space at the proper time for its insertion, though in type and ready. A copy of our reply was forwarded to the doctor and he reports the continuance of the case as prophesied, with gradual but sure improvement under the treatment suggested.

Our excuse for publishing the letter at this late day is that the case is important, being one of a class not yet fully understood, and hence, as a rule, poorly treated. We are inclined to expect too much from the over-worked and completely exhausted organs.—ED.

CRITICISM OF DR. CECIL.

Editor Alkaloidal Clinic:—In the August number of the CLINIC, Dr. D. F. Cecil, page 445, gives a prescription to which I must object, because the mixture is incompatible.

I would ask: Why give such a combination when any other cathartic would have done just as well. Does the doctor really believe that he had a case of "appendicitis," and if so what does he want to do with that phosphate of iron?

His article reads as if he left the patient 200 grains of material, to be divided into 100 powders; which to me looks a little odd.

I think "impacted feces," would have been a better name for the trouble.

One remark in conclusion: I have now practised twenty-five years, and in these many years I have learned to get along very often better with a single medicine than with three or four used together.

DR. A. KNOLLMANN, M. D.

Covington, Ky.

ABDOMINAL WOUNDS TREATED WITHOUT OPERATION.

Editor Alkaloidal Clinic:—In the April CLINIC, 1897, page 213, there is a paper entitled "Abdominal Injury Treated Without Operation," by Dr. Pegram. You comment and ask: Doctors, are such happy results the rule?

I have had some experience on that line.

Case 1. Adult, shot through from the crest of one ilium to the crest of the other; an old musket-ramrod going through, knocking a sliver off one ilium. Placed on expectant treatment, sufficiently febrifuge; after keeping his bed for three months, he got up and passed out of sight.

Case 2. Young man, shot in the abdomen, did not collapse, nor did I probe or laparo-cut; only kept the bowels open and the fever down, until he got well.

Case 3. Shot over the stomach, vomited blood. The pistol was a little thirty-two caliber, and did not crack much louder than a gun-cap. Diagnosis, a center shot; prognosis, death; directions, let him be quiet. Next day the post-mortem revealed a ripped-up stomach, for four inches. Had I operated in cases one and two they would, in all probability have died. Had I operated in case three, I would have made an ass of myself; since the thrown-up blood told of a stomach-wound. He who operates for a bullet-torn stomach, is an ignoramus and a charlatan. Four of my neighbors in the past four years have gone to experts to be operated on; and the result was four funerals.

W. S. FRANKLIN, M. D.

Mont Ida, Kas.

—:O:—

That's right, send in your reports; and out of the combined experiences of many we may formulate the rules as to what case to cut and what to leave in the hands of nature.

But Doctor, the stomach is not a vital organ, whose wound is necessarily fatal like a wound of the heart. And while the chances of success if you had cut in and sewn up the rents were not very brilliant, don't you think they were better than if you let the wound alone, with the certainty of peritonitis?—ED.

IS IODOFORM A SPECIFIC FOR POWDER-SMOKE HEADACHE?

Editor Alkaloidal Clinic:—Some weeks ago I operated on a man for an osseous growth of the humerus, using iodoform as a dressing. This man is a miner, working underground where he is subjected to inhaling the fumes of burnt powder used in blasting. One day he called to have his arm dressed, and told me that while working in the drift the previous day he found great relief by placing his nose over the dressing on his arm and inhaling the odor from the iodoform.

As there are a number of men at work in the same mine, I provided him with some iodoform gauze and had him distribute a small piece to each man, who used it and they claim that it gave them immediate relief.

Should further trials demonstrate its efficacy in this direction, it will surely be a boon to the miner. Let some brother so situated try it and report.

F. WARREN LANOIX, M. D.

Galena, Kas.

—:O:—

An important observation. Let it be put to the test elsewhere.—ED.

DR. ROGERS' CASE.

Editor Alkaloidal Clinic:—In Dr. A. J. Rogers' case of rhus tox. poisoning, with sudden death, reported on page 459, August CLINIC, I wish to say a word, as I had the privilege of examining thoroughly, being county coroner. I think I selected a very intelligent jury composed of a minister, an editor and a farmer, and their verdict was as follows:

We, the jurors, upon our oaths do say: That from the evidence here submitted we find that George S— came to his death at about 1 o'clock, June 26, 1897; and that the most probable cause of death was from congestion of the heart and lungs from sudden chilling after being out in the damp, following a sickness from rhus toxicodendron poisoning.

We cheerfully exonerate Drs. Rogers and Converse from any blame in the matter.

(Signed) Jurors.

W. S. L., *Coroner.*

I am quite confident there were no signs of poisoning from aconite or any other drugs administered, and it is a great injustice to Dr. Rogers that such a report should be circulated. I believe Dr. Rogers to be a careful, conscientious physician, who well deserves the confidence the good

people of Hillsboro place in him. I am glad to note your comments agreed with the verdict.

W. S. LESSENGER, M. D.
Mt. Pleasant, Iowa.

—:O:—

It is pleasant to see a doctor come out in this manly way to clear a brother practitioner of undeserved blame. Too often the temptation to let a man suffer for want of such backing is manifested by his competitors. It is a credit to both men that such loyalty is shown.—ED.

CONVULSIONS CURED BY HYOSCYAMINE.

Editor Alkaloidal Clinic:—I was called hastily one morning to see Fanny D., aged forty-five. I found her in bed and in convulsions the most terrible I ever witnessed; in fact I thought at first sight that she was ticketed for fields elysian. But as she didn't die at once, I gathered courage and my wits, and proceeded to elicit such information as could be gotten.

She had taken a severe chill, followed by vomiting and frontal headache. She had a heavily furred tongue, eyes injected, the abdomen enormously distended, and, of course, tympanitic. She was passing from one spasm into another with provoking regularity.

Well, after strengthening my first conclusion that I did not know what was the matter with her, I proceeded to do what a fellow usually does under those circumstances, give her a hypodermic of morphine, after which I gave the granules until she rested more easily. The next day she rode horseback to her own home, six miles away.

Now, if the kind editor or some learned brother of the CLINIC (may it ever prosper) family will tell me what was the matter with my dusky patient, I will consider it a great favor, as I am really at sea, and don't know how to attribute her cure to the

few granules of glonoin and hyoscyamine that I administered while there.

C. S. MOODY, M. D.
Gilbert, Idaho.

—:O:—

The woman had fecal impaction, and by relieving the spasmodic condition of the intestinal musculature, you cured the case. Just study up the Burggræve doctrine of spasm as a factor in disease, and you will be well repaid.—ED.

CHRONIC DIARRHEA.

Editor Alkaloidal Clinic:—I want to write a few words for the readers of the CLINIC generally, and for Dr. J. R. Cates in particular.

In April last I took charge of the Washoe County Hospital. My predecessor went with me through the wards, visiting every patient. We came to a man between fifty and sixty years old, who had had his right leg amputated some five years before, and who had had a constant diarrhea for the last three years, the bowels moving every fifteen minutes or more frequently, and who was all this time confined to his bed. He was a sight to arouse one's sympathy. The doctor said that I need pay no attention to this patient, as all the doctors in town, naming seven or eight, had tried in turn to check his diarrhea without any good results.

I let the patient go by for some weeks until one day the superintendent came and asked me if there could not be something done for him, as he caused as much work to keep clean as all the other patients in the hospital.

I prescribed arsenite of copper, gr. 1-200, and sulphocarbolate of zinc, gr. 1, to each dose, in solution; ordered this dose every hour or more frequently, until his bowels were checked, then less frequently.

On my next visit the nurse met me at the door with a smile and the exclamation: "You've fixed him!" After a few hours

frequent dosing the bowels were checked, and remained so for three or four months when the patient died.

The above dose every three to five hours was sufficient to keep the bowels in check. I had tried the same remedy before, with the same good results.

If Dr. Cates will try the above he will check, I believe, the diarrhea of his patient. As for the obstruction, I would be suspicious of cancer.

There is a question I would like to ask the editors of the CLINIC in regard to the incompatibility of the alkaloids: Do the same rules hold good as in the crude drugs?

I am scoring victories all the time with the little "sure-shot;" the only objection to them is that they cure the patient too quickly.

T. B. HOLMES, M. D.

Reno, Nevada.

—:O:—

The chemical and physiological incompatibilities are the same as with the crude drugs, so far as the alkaloids are concerned. But of course we can use codeine, quinine or other alkaloids with iron or tartar emetic, when we could not use the tinctures on account of the tannic acid. Generally, any alkaloids indicated may be employed together in water.—Ed.

WAUGH'S NEW BOOK.

Editor Alkaloidal Clinic:—"The Treatise of the Sick" is a splendid book, and fills the bill to an iota. Why not give us a complement to it in the form of a concise, up-to-date symptomatology?

On page 170, speaking about the method of Dr. Taylor, you say: "Five grains," etc., which certainly must be a misprint.

In regard to your remarks on vaccination, permit me to relate the following: Last winter I vaccinated the family of M. Burns, in Leavenworth, Kansas (father, mother and seven children), all from the

same package of virus (bovine). Father took slightly, mother and two of the older children (who had all been vaccinated before) did not. The others took well, with the exception of one girl, about ten years of age, who got an awful sore arm, and the sore was very deep and running for several months.

Family history was very good, no consumption known.

After the sore healed, the girl, who was very delicate before, became the "bouncer" of the family, as the father expressed himself.

DR. E. CHRISTIANSEN.

Chicago, Ill.

—:O:—

Several readers have noted the item mentioned, which recommends the application of five grains of morphine, in ointment, to the prepuce, to relieve cystitis, chordee or irritability of the bladder. The note should have read: Five grains of morphine to a drachm of lanolin, of which enough may be applied to give relief. It illustrates the care with which a book must be prepared; and yet no one but an author who has written much can realize how impossible it is to avoid the errors, omissions, inelegancies and other mistakes that survive any number of proof-readings.—Ed.

BRONCHO-GASTRITIS.

Editor Alkaloidal Clinic:—I must tell you about my first attempt in prescribing the alkaloids. It was for a two-year child who had been for ten days with broncho-gastritis. I was holding it on the usual treatment and restricted diet. It was death in two days or better, and there were no possible prospects; so I concluded to give the child alkaloidal treatment according to my best judgment, without any instructions from experience.

I took my pocket-case (the one you sent me), called for a glass of hot-water, and measured out twenty-four teaspoonfuls,

in which I then dissolved the following: emetine, twelve granules; digitalin, twelve granules; and strychnine arseniate, six granules, and gave that child one half-teaspoonful every half-hour for twelve hours.

I went back in six hours and found it no worse. I continued until the morning.

When I went in I said: "How is the baby?" They said with a smile: "Doctor, we think she is a little better."

So she was, and is growing better still; and the neighbors all are surprised, as all said she would die.

Now you may know I am a little elated over my success, and I am working those little things in just wherever I can. For I know 'tis not good judgment can fit the case.

J. T. V. BLOCKSON, M. D.

Wilmington, Del.

—:O:—

But when the old way leads to death one may well turn to the new. And each step in the path of accurate therapy leads one to take another.

Doctor, you did well for a first attempt; and your results justified your choice of remedies. —Ed.

UTERINE DRAINAGE.

Editor Alkaloidal Clinic:—A case the other day, in which I had a consultation, brings up a point on which I should like the opinions of the gray-heads, and especially of Uncle Ben Brodnax and Father Epstein. The opinions of the fathers in active practice are of more value to me than the ideas of some man who never saw a clay-hill, or a log-cabin, or who never himself harnessed his team and drove fifteen miles through mud, hub deep, on a night so dark he could not see his horses. Theories are nice when you have nothing else to do but read them, but when a man is busy, facts are what he wants. But I digress.

The case in question was a miscarriage at the fifth month (twins), with what the consultant called "hour-glass contraction," retaining the placenta *in utero*. Following the usual course, he curetted, irrigated and tamponed; and right here is where I make my point, that the tampon is not indicated unless hemorrhage threatens, which it did not in this case.

The condition of the womb after curetting is one of a wound which is very liable to become infected, and the indications are for free drainage. You cannot drain freely with a great big plug of wool or cotton in the way, and the so-called capillary drainage is a delusion and a snare when applied to the womb. Common sense shows that cotton, wool or gauze, must necessarily become saturated with the discharges before being removed, and until they are removed they are a source of danger because they are so saturated. And further, common sense shows that cotton, wool or gauze cannot, from physical causes, remove clots, chunks of mucus, etc.

But nature has provided a drainage canal, the vagina, which answers all purposes; and, as in all other natural channels, the thing to do is to keep the way open and clean. This is accomplished by simple irrigation twice daily with an antiseptic fluid under antiseptic precautions, and applying, immediately afterward, antiseptic cloths or cotton to an antiseptic vulva.

In my opinion, barring threatened hemorrhage, the tampon is dangerous, and serves no useful purpose. J. B. SHORE, M. D.

Loogootee, Ill.

—:O:—

An important question. What do you think of it?—Ed.

A SPECIMEN.

Editor Alkaloidal Clinic:—Enclosed find \$1.00 for the CLINIC. I shall subscribe for it as long as I can get it, because the journal suits me and I get many valuable

hints from it. Although largely foreign to my former practice, it has procured me success when my former treatment had failed.

H. P. HANSEN, M. D.

Lenox, S. D.

—:O:—

Doctor, we mean the CLINIC to be a help to our medical friends, and while we believe it is, we like to hear them say so. It is human nature to like to hear one's self spoken well of, and we are decidedly human.—ED.

WORTH READING TWICE.

Editor Alkaloidal Clinic:—Calphenol is reported by several physicians to be a specific in the treatment of erysipelas, and the results shown in these reports warrant confidence in its efficacy. We will deem it a favor if you will bring this matter to the attention of the profession, and request a report of the results. This letter is not intended for publication or for an advertisement, but these reports come to us from unquestionable authority, and aside from them, we are strongly of the opinion that Calphenol will do just this thing, and in order to satisfy ourselves we will furnish a tube, free of charge, to any physician who has a case of erysipelas on hand, and will thoroughly test this dressing and report the result.

Respectfully yours,

J. W. COLE & Co.

Black River Falls, Wis.

—:O:—

Doctor, you'd better try Calphenol. We have used it for a year and like it tip top.—ED.

BRIEF THERAPEUTICS: SANGUINARINE.

Editor Alkaloidal Clinic:—You could not have sent me anything more acceptable. Yes, I think you ought to make a charge for your book commensurate with its use-

fulness—the price in July CLINIC is ridiculously low. As I wish to have it always in my pocket, I have included a leather bound copy in my enclosed order, the paper-back copy I will give to a friend. I know it will be more help to me, and am sure I would not exchange it for several five-dollar books I have.

With your book in my pocket and Dr. Waugh's on my office table, I expect to be a better physician than in the past.

A delicate looking boy, three years old, this past winter was suddenly taken sick. I saw him about 5 o'clock p. m. He was then quite feverish, with harsh dry rales throughout both lungs, with an almost constant croupy cough. I gave him 1-4 gr. of ipecac with one granule of sanguinarine, gr. 1-67, in solution every half-hour until nausea or vomiting occurred, then directed it given every two hours. He then took calomel, grain 1-2, with soda and went to sleep. The next morning I found him entirely relieved.

I am very much pleased with Dr. Waugh's book. The more I read it the better I like it. Wishing you and the CLINIC a long life I am

HOWARD OSBURN, M. D.

Rippon, W. Va.

—:O:—

Now is the time to turn attention to sanguinarine as a remedy for colds; and Dr. Osburn opens the ball with a typical case.—ED.

PELVIC ABSCESS

Editor Alkaloidal Clinic:—I subscribed for the CLINIC the first of this year, and soon after I began to read it I sent for some samples of your medicines. I have for many years been using Lloyd's specific tinctures, which I cannot do without. The two remedies that impressed me most were Nuclein solution and the trinity granules. I gave the Nuclein to my wife who had a

chronic stomach trouble. It relieved her at once.

Then I had my druggist order Aulde's Nuclein in solution from New Orleans, for another patient, Mrs. G. D. White, twenty-four years old. This patient has been sick for many weeks, first with chills and then with a severe cough, which were both relieved in due time. Next, she had suppression of the menses. After some two months of constant treatment with washes, suppositories, etc., no relief was had. Every time she would eat even a very small amount it would cause her pain in her stomach, going up the left side of the chest in the region of her heart.

Finally I made a digital examination and found the left ovary prolapsed, enlarged and sensitive, with a doughy feel. I felt sure there was pus.

I commenced on rectal suppositories, belladonna and opium. After a week or so longer she began to discharge pus by the rectum and vagina, and this relieved the pelvic trouble considerably, but the pain after eating was no better; indeed, she was getting weaker and thinner every day.

I asked permission to call in my friend Dr. J. O. Williams, of Houston, to which the family consented. Dr. W. verified my diagnosis, but in addition found an aneurism of the abdominal aorta.

Well, of course, the woman was in a very bad shape, very much emaciated already, nearly starved; then, what must we prescribe? Trinity granules for the heart, and four-drop doses of Aulde's Nuclein solution, every two hours while awake. The result was magical. Within a week the tumor had begun to harden; within three days she could walk about the house, take nourishment without pain and her lips became red, whereas they had been very pale.

Since I began the Alkaloidal treatment, I have prescribed different remedies as indicated, such as calcium sulphide, strychnine arseniate, hyoscyamine, etc. The

menstrual flow has never returned, but instead there is a free discharge of very offensive pus. Of course the douches are kept up. The patient is still improving and hopeful. She is now taking her fifth bottle of Nuclein solution. When we got out of the Nuclein solution we used two bottles of R. & C.'s Protonuclein powder which did not do so well with her as it did with a colored woman with a suppurating and prolapsed ovary.

Question: Did the Nuclein relieve the aneurism or what did?

There is no question about the diagnosis being correct.

A. W. TOLAND, M. D.
Campbell Hill, Tex.

—:O:—

In spite of the consensus of opinion I doubt the diagnosis of aneurism. This accident is not likely to occur in a woman only twenty-four years old. But abdominal pulsation does frequently occur in young women, and the symptoms so closely simulate aneurism that I have made this mistake myself. Yes; I diagnosed an aneurism, made injections of ergotin and cured the case, and only discovered my mistake when several similar cases came to me.

Where the aorta crosses over the projecting bodies of the lumbar vertebrae, the latter throw the vessel so far forward that it can easily be felt as a tumor, expanding with each cardiac pulsation, with a peculiar thrill.

Two cases have also come to me recently in which aneurism had been diagnosed because the aorta did not cross over, but kept right down on the left side. The amount of discomfort was so great that it is evident nature had her reasons for putting the aorta on the right side of the abdomen.

But this is not the first time I have received statements of the cure of aneurism by Aulde's Nuclein; and the remedy should be tested in undoubted cases.—Ed.

NATIONAL VS. STATE QUARANTINE.

Editor Alkaloidal Clinic:—After a long-continued immunity from the yellow fever scourge it has invaded our gulf coast. Dr. Guiteras, U. S. expert, emphatically declares the scourge was landed from Cuba. It now reaches out far and wide, scaring, demoralizing and destroying our people and paralyzing their commercial and monetary interests by many millions of dollars.

The question is: How can we successfully prevent and fight this imported foe? True, we of the South are more directly interested than the people of the North, but as there is a mutual inter-dependence of sectional interests, every weak link in the chain of our defenses is a threat and a danger to the health of the whole.

State quarantines are now in rigid and rival vogue, but the wild, senseless irregularity which operates many of them against each other, and even against their own rural communities, is an open and forcible expression of intense selfishness and repulsive brutishness. They are powerless to stay the tearing up of railroad tracks, the stoppage of cars and the firing of buildings—as has already been done. To work them smoothly and efficiently seems an impossibility, as advantage is taken of every loop-hole of insecurity. Despite the strict *cordon sanitaire* that guards the outposts of Baton Rouge the dreaded evil now revels within its limits.

What we need is a stronger, more commanding and further-reaching power than a state can wield, a power that will take a calm, complete and unprejudiced survey of the field in all its near and remote bearings, and promptly put down all demonstrations of rebellion, peacefully if it can,* forcibly if it must.

Then prompt the leading citizens of every state to urge their Congressmen to enact a law that will keep the fever from our shores or stamp it out in its incipency, and quickly quell all the violent and bar-

baric manifestations of misrule that disgrace civilization. Longer endurance is insufferable. Religion, morality and commerce enter their protests and call aloud for a change.

Let us strenuously endeavor to place this important and momentous subject on a firm, harmonious and practical basis. It is my devout wish that yourselves and ablest contributors express their well-studied opinions.

Let it be national; the states co-operating.

DR. D. B. PIERCE.

Indian Mound, La.

SOME USES OF A NEW ANTIPYRETIC AND ANALGESIC.*

Many experiments have been made in recent years for the purpose of obtaining an antipyretic free from all objectionable features.

Organic chemistry has furnished compounds of the so-called coal-tar derivatives which possess marked antipyretic properties. These compounds have proved the most fruitful in the results obtained in this field of experimental therapeutics. Up to the introduction of the clinical thermometer (in the last half century) there was no accurate method of noting bodily temperature, hence no exact knowledge of antipyretics was possible. Now however, thanks to thermometry, we are able to observe accurately the precise variations produced by certain compounds on the bodily temperature in diseased conditions, and have thus obtained our present knowledge of antipyretics.

Recognizing the fact that investigators have experimented with the different coal-tar derivatives in the pyrexias of various diseases, it is the object of this paper to show as briefly as possible by certain clinical observations made in the past two

*Read before the Lake Erie Medical Society, July 9th, 1897.

years in private practice, the true value of Zomakyne in pyrexia and other pathological conditions.

Since my attention was first called to Zomakyne about two years ago, it has been used in a series of experiments with antipyretics and analgesics in connection with antipyrin, acetanilid, phenacetin, etc., and always with signal success. The great trouble with the latter mentioned remedies is a depressing action, amounting at times almost to cyanosis. The first case in which Zomakyne was used was that of a young woman, aged 17, who was suffering from influenza. A temperature of 102.4 F. was found, with a full bounding pulse, pain in the back and limbs and severe headache. I endeavored to control the temperature first with 2 1-2 grain doses of phenacetin, and later with the same dose of acetanilid, but both produced great depression and a slight degree of cyanosis. Zomakyne was then tried in the same dose with the result that the cyanosis and depression disappeared and the temperature became normal on the second day, and she made a rapid recovery from that time on.

In this case the result was so satisfactory that it prompted me to make a series of experiments in the following morbid conditions which prove Zomakyne a most valuable addition to a physician's armamentarium. The results have led to the following conclusions.

(a) Intermittent Fever.—In cases of intermittent fever it was found to control the head symptoms so often produced by large doses of quinine, while at the same time it helped reduce the bodily temperature and gave the patient a *feeling of comfort*. It seemed to relieve the congestion of the abdominal and thoracic organs, thus robbing the fever of its most troublesome and depressing symptoms. Knowing as we do, that quinine is the specific for malarial troubles and that Zomakyne will relieve the distressing and most unpleasant symptoms, it is suggested that the combination

of quinine and Zomakyne is the really true specific, freed from all objectionable features. It was also noted in the use of this combination that the chill was less severe, of shorter duration, and with a subsequent rise of temperature much less marked than is usually the case, while all the other symptoms were proportionally decreased in severity and the recovery greatly hastened.

(b) Influenza. From a careful study of the use of Zomakyne in some thirty-five cases of Influenza, the following results have been obtained and observed. (1) That it is a valuable means of reducing bodily temperature, quieting the pulse and doing away with the symptoms produced by the febrile condition usually present. (2) That the severe pain and backache so often accompanying this disease, is permanently and completely relieved, thereby affording the patient comfort, quiet and much needed rest and sleep. (3) That the duration of this affection is often shortened and its severity greatly lessened, all of which seems to go to prove its efficiency in this disorder.

(c) Febricula or simple continued fevers. Too much cannot be said in favor of Zomakyne in this class of disorders, as it was found a most valuable remedy to combat the fever, reducing the bodily temperature in a comparatively short time and controlling the excited pulse. It allays the headache usually present, and all the other unpleasant symptoms peculiar to the simple continued fevers.

(d) Rheumatic Pains. The use of Zomakyne in the relief of rheumatic pains is somewhat limited; but it was found that when administered in an ordinary case of *rheumatism, together with the salicylates, it relieved the pain better than any other analgesic that had been employed. The combinations with Zomakyne which gave the best results were those of salicylate of soda, salol and salicin in the proportion of ten to fifteen grains each as

Salol,

Zomakyne aa gr. x.

Sig.—Give every two hours until relief, then every four hours.

It seems, however, to find its most useful place especially in the rheumatic fevers and in cases where there seems to be a gouty diathesis. In this class of cases it was found that when sufficiently large doses were administered, in combination with proper general treatment, the pain and stiffness of the joints disappeared, the temperature became normal, and in fact the real cause of this disease seemed to be combatted and removed with decidedly brilliant results.

(e) Sciatica or Neuralgia. In this class of cases it was observed that of all the new analgesics Zomakyne more often relieved the severe pain than any of the others. However, unless the general health is improved by tonic and hygienic measures and the cause of all reflex irritation carefully removed, the effects of the drug are only temporary. The best results were obtained in these diseases by the use of ten to fifteen grain doses, repeated every hour as often as needed; or until relief, or four doses had been administered. In one case forty-five grains were given in three hours without producing any bad effects of any kind, and with the relief of a severe sciatica in a young man of twenty-nine years whose leg was frozen while with Lieut. Perry in the Arctic region.

(f) Headache. The experiments in the treatment of headache by Zomakyne, embrace the study and record of nearly a hundred cases.

In these experiments it was found necessary to have headaches classified, and the classification of an "American Text-Book of Theory and Practice" (page 654) was accepted as best adapted for this purpose.

It is as follows:—(1) "Organic headache; (2) Toxæmic headaches; (3) Sympathetic headaches; (4) other headaches to which the name nervous may be applied,

with the understanding that the title carries no etiological significance.

Headaches of the first three classes when treated by proper constitutional and general treatment in connection with the administration of Zomakyne, were almost invariably mitigated and in a large proportion of cases it gave prompt and entire relief from all pain and discomfort accompanying this affection.

It is, however, in the treatment of so-called nervous headaches that it has its greatest field of usefulness. It must be remembered, however, that in the general treatment of headache a cure is not often possible. The important point, then, to bear in mind is that by relieving the severe nerve storms, they become less frequent and less severe, and, finally, may almost entirely disappear. This is clearly shown in the case of Mrs. A., aged forty-seven, who had suffered from nervous headache for years. I put her on this remedy, and after its use, as needed, for a period of nearly two years, she says she is cured, having been entirely free from headaches for the past six months.

The dose depends largely on the patient, one patient perhaps being promptly relieved by a five-grain dose while another may require a very large dose. If given in ten-grain doses every hour until relieved or until four doses have been taken, the result is almost invariably satisfactory and the pain quieted.

As much as forty grains has been given without producing any depression or other unfavorable symptoms. It has also been noted that where small doses did not relieve that larger doses did little more good, and so the general rule that when four doses of ten grains do not produce the desired results there must be resort to other measures.

(g) Dysmenorrhea. The treatment employed where dysmenorrhea exists, depends upon so many conditions that a treatment that is successful in one case seldom pro-

duces like results in the next. When dysmenorrhea follows the taking of a cold and is accompanied by a condition of uterine irritability, congestion and considerable pain, a hot hip bath followed by putting the patient to bed and administering ten-grain doses of Zomakyne every hour, together with a little pulsatilla, has in almost every case given speedy and permanent relief.

If, however, the pain is of a more neuralgic character and depends rather upon a nervous disorder than accompanying dysmenorrhea itself, it has been found that small doses of Maltbie's Chlorodyne in connection with the above remedies almost always produced relief at once. It is not claimed for this treatment that it cures dysmenorrhea in the true sense of cure; but that it furnishes a valuable means of relief for this painful trouble cannot be denied.

(h) Conditions of pregnancy. The pathological conditions depending on pregnancy offer an extensive field of usefulness for Zomakyne as shown by such experiments as have been made. The following case illustrates an important use. When I was called, Mrs. R. W., aged twenty-two, was suffering severely from the vomiting of pregnancy. Resort was had to all of the usual anti-emetics, including cocaine, cerium oxybate, bismuth, etc., but without relief. One day on making my usual call I found her still suffering from vomiting, together with a severe headache. Zomakyne was used with the idea of relieving the headache, but with the result that both the headache and vomiting were checked. It was found by subsequent observation that Zomakyne relieved her vomiting in every instance. The probable explanation of this action is that it stops the vomiting by relaxing the nervous tension, allaying the excitement and producing rest and quiet of the reflex nervous system.

In painful labors it will take the place of morphine, chloral, etc., in the majority of

cases without producing the slightest after-effects, as in the case of Mrs. W. A., aged twenty-seven, who was suffering with the pains of a miscarriage. She had been seen by her family physician, who gave her a fourth of a grain of morphine before I took the case for him, but without relief. I administered a five-grain tablet of Zomakyne every hour and the severe pain was relieved, but the uterine contraction continued and the delivery was not retarded in the least. In the relief of after-pains there has been found no equal. If where needed it is used in ten-grain doses every hour, it will relieve the most stubborn cases of after-pains, and at the same time quiet the nervous system, thereby conducing to the comfort of the patient by furnishing a means of obtaining the much needed sleep and rest.

FREDERICK HUBBELL MILLS, M.D.

Buffalo, N. Y.

SCIATICA.

Editor Alkaloidal Clinic: — Mr. T. had been suffering for seven years, especially during the winter months.

I tried Dr. Parr's method; only I gave him larger doses of rhus tox., and added your granules of hyoscyamine, gr. 1-134, every three hours.

My patient was able to resume work the following day, and has not been troubled since.

I think the CLINIC is the best journal I know of, and without it I would be lost in the practice of medicine.

DR. J. T. REES.

Potwin, Kas.

—:O:—

The value of rhus as a remedy for sciatica is becoming established. Let us hear further from the brethren, and of failures as well as of successes.—ED.

Please read "IMPORTANT BUSINESS MATTERS," first editorial page.

CONDENSED QUERIES ANSWERED

Query 14. MENTAL DERANGEMENT. — Twenty years' standing; crawling sensation in the head; one side feels empty, the other too full; in bed for the past year; weak pulse; anemic, but fairly nourished; has improved on hyoscyamine, strychnine and Nuclein. —D. D. B., Ohio.

I think you are doing well with the patient. Keep on toning her up with the medicine you are now using. Keep her bowels easily open with the Saline Laxative, and stop all sedatives and hypnotics or you will have a morphine eater on your hands, if you haven't now. I would also advise gradual dilation of her rectum, and possibly dilation of the vaginal orifice as well. She probably would not submit to a radical operation. In fact she is probably suffering from spasm of the sympathetic nervous system, and nothing will relieve her as this will. Use the Betz dilators, advertised in the CLINIC, every two or three days, and gradually work up to the large-sized one for the rectum and the middle-sized one for the vagina.

Duboisine is all right, much like hyoscyamine and atropine, only more sedative, and it may be used until effect. You need not be afraid of it. Hyoscine is still better to produce sleep. —ED.

Query 15. WHAT IS CAROID. —F. L. R., Chicago.

Referring this to Chas. Roome Parmele, we received the following, which we trust will be of interest to all our readers:

"In response to your favor of the 6th inst., we beg to state that Caroid is a highly concentrated extract from the plant known as carica papaya. It is the only ferment that will promptly digest all food eaten by man; it acts in any medium, in combination with all drugs. Costs no more per ounce and costs much less per dose than any other ferment. Its origin is entirely vegetable, thus it is free from ptomaines.

It is clean, sweet and pure. This is the statement in a nutshell." —ED.

Query 16. EPILEPSY. — Usually nocturnal, of thirty-seven years' duration, including periods of exemption.

In such cases it should be the rule to search for causes of reflex irritation, such as phimosis, urethral or rectal stricture, sphincter-spasm, or some other rectal or genito-urinary affection; abnormality of the eye, ear, nose or throat; constipation; worms; overloading the stomach, etc. Nothing is too little to be attended to.

But as the fits continue from habit, even when the original cause has been removed, the habit must be broken up. This requires careful management, the avoidance of over-eating, constipation, etc., and lessening the nervous irritability by the use of the bromides, cicutine, or perhaps verbenin. Whichever is employed should be given in doses sufficient to produce and maintain the full physiological effect. I have given the bromide of potassium in doses of four to six drachms daily, with very good effect.

The urine should be examined daily, to see if any change, such as diminution of the output of solids, occurs before a fit.

The only "leader" in the case is the occurrence of convulsions during sleep. The slumber may be too profound, in which case a granule or two of duboisine at bedtime would be useful; or too light, when hyoscine would be preferable. Some one of the mydriatic group is generally found to be a useful adjuvant in every case of epilepsy.

In conclusion, if such cases resist such treatment, it is wise to send them for a short time to a sanitarium, where daily, hourly observations may be made upon their habits. —ED.

Query 17. PULMONARY HEMORRHAGE. — Girl, fifteen, scrofulous, tuberculous; hemorrhage occurs weekly. —W. E. J., Texas.

Let me advise that you give the young lady large doses of atropine and strychnine

arsenate; say, three or four of strychnine arseniate, gr. 1-134, and two of atropine, gr. 1-250, before each meal and at bedtime, increasing the dose of atropine at bedtime so that it will slightly flush her face and dry her throat. This will bring the blood to other parts of the body and relieve the pressure on the lungs. Do not use styp-tics. They do no good. I advise also that you give her ten drops of Nuclein (Aulde) solution, three times a day. When the hemorrhage has been checked, follow with the chloride, iodide and the lacto-phosphate of lime, of each, fifteen grains daily. Keep the bowels aseptic and free.—ED.

Query 18. MUCOUS COLITIS.—Woman, twenty-three, good-looking; has pain in the left abdomen when constipated; a laxative brings away pieces like parts of the intestine with enlarged villi, when the pain ceases. The attacks recur in two weeks. No blood in the stools. The pains are of long standing, but the discharge has only been noticed for two months.

Keep the bowels regular with Abbott's Saline Laxative, a sufficient dose every morning. Give silver oxide, gr. 1-6, three times a day for a month, with benzo-naphthol, gr. v, four times a day. Just after each discharge of the membranous material, wash out the bowels with a copious colonic flushing of warm water, and then throw into the colon four ounces of warm water with a grain of silver nitrate.—ED.

Query 19. An abscess appeared below the left nipple during a "cold," discharging an ounce of pus; has reappeared several times since with similar symptoms. The man is emaciated, has a hacking cough, and slight fever in evenings.—T. R. W., Ohio.

The case is one of empyema, and the pleural cavity should be washed out antiseptically and drained. Give him strychnine arseniate, gr. 1-30; arsenic sulphide, gr. 1-67; and Nuclein (Aulde), m. ij in full doses, pushing each to toleration. Begin with a dose every four hours, and increase to one every hour if necessary. If he is very weak add the syrup of iodide of iron, one drachm, and calcium iodide, five grains, four times a day. Feed well,

and give cod-liver oil, a half-ounce after each meal.—ED.

Query 20. The evident increase of cancerous disease suggests the query whether anything can be accomplished by medicine in the way of checking the progress. Does any one know if Lloyd's new remedy, echafolta, is of value?—J. H. C., Ill.

We pass this on to our readers.—ED.

21. Woman, sixty-five; periodic abdominal pains, requiring morphine; aggravated by cathartics; followed by passage of specimens enclosed.—J. C. F., Mich.

The specimens are gall-stones. Put the patient on vegetable diet; give sodium succinate, gr. v, four times a day, each in a full glass of pure water. Let her eat her meals dry, with not more than four ounces of liquid, and drink freely two hours later.—ED.

Query 22. Is the Independent Medical College of Chicago legally constituted and chartered, and does it issue an announcement?—W. F. K.

The college has been repeatedly exposed as an illegal diploma-selling affair.—ED.

Query 23. Treatment wanted for excessive dandruff.—J. R. S., Ind.

Seborrhea sicca has many remedies but few cures. Cut the hair close, wash thoroughly with weak tar water every day, and apply an ointment of oil of rose, gtt. v; acid benzoic, gr. xx; lanoline, one ounce. Try this until one of our friends suggests something better. If they fail you try Coke's Dandruff Cure.—ED.

Query 24. RHEUMATIC ANCHYLOSIS.—If the hot-air bath as advertised by Betz is what it claims to be, I am deeply interested in it, as I have a daughter with ankylosed elbow joint, result of rheumatism last March; and if the hot-air bath will relieve it I want the apparatus. Will you be kind enough to give me your opinion of the usefulness of the baths? Stamp enclosed for reply.—L. B. M., Nebraska.

Doctor, if I had a daughter in this fix, the Betz bath, massage and passive motion are what I should use and stick to them.—ED.

Please read "IMPORTANT BUSINESS MATTERS," first editorial page.



The

ALKALOIDAL CLINIC

W.C. ABBOTT, M.D. } EDITORS
W.F. WAUGH, M.D. }

Vol. 4.

DECEMBER, 1897.

No. 12.

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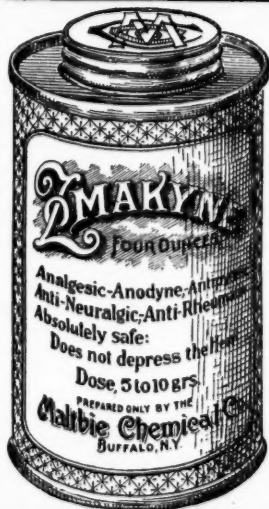
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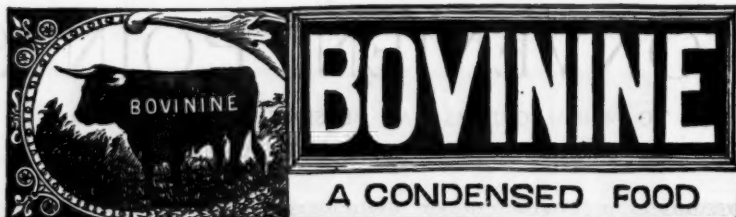
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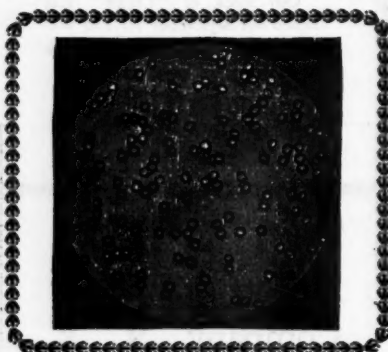
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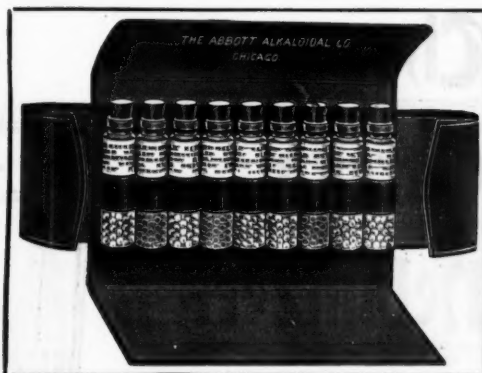
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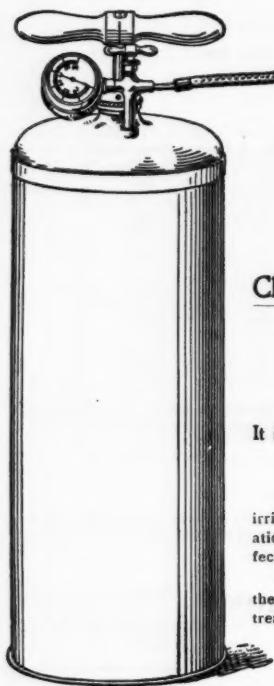
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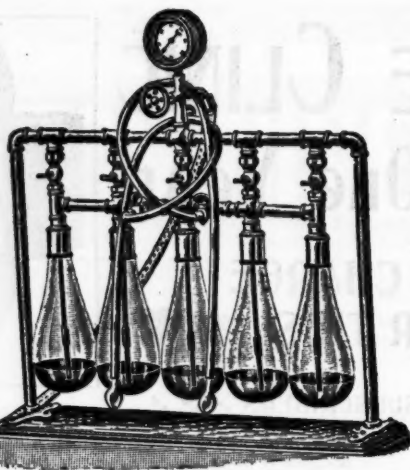


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Leucorrhoea,

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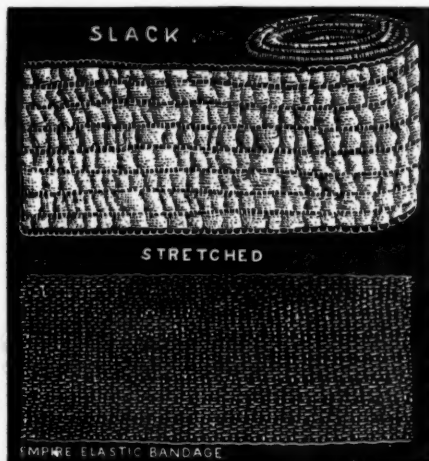
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We invite the attention of the Medical and Surgical Profession to the various merits combined in our bandages.

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Is made of the same material and possesses the same merits as the Empire Elastic Bandage and Empire Abdominal Supporters, and is pronounced by all who have seen it to be the **best in the world.** All of our goods are sent free, by mail, upon receipt of price, and money refunded if not satisfactory.

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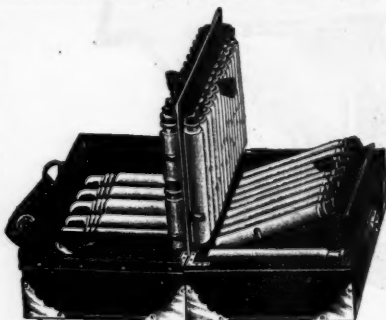
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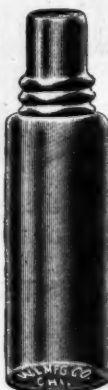
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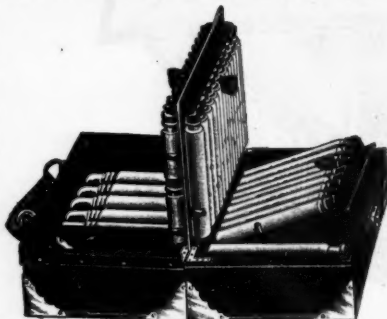
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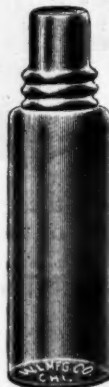
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my family a tearful farewell and sailed into the onions. "It is the unexpected which always happens." So it was in my case. I ate and ate and ate, expecting every moment to fall to the floor in the agony of cramp, but no, the Caroid was doing its work.

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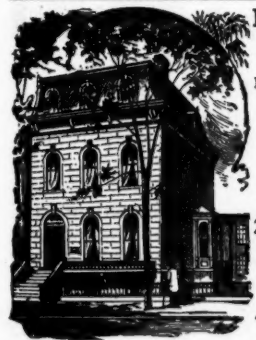
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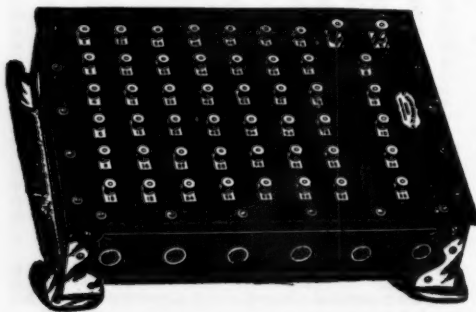
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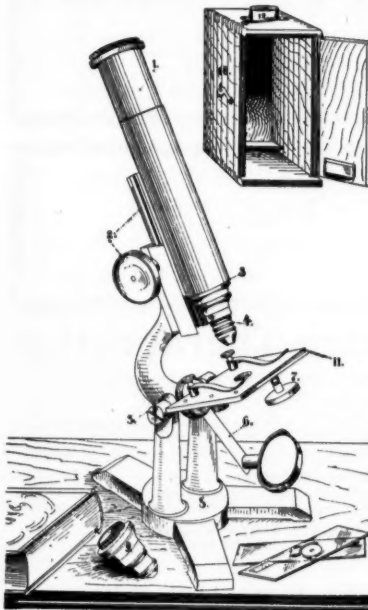
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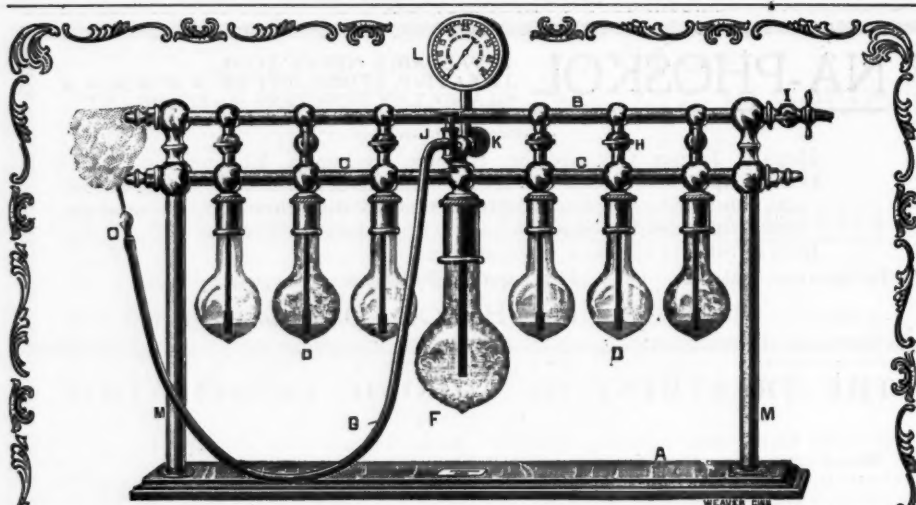
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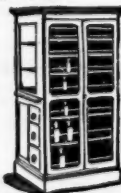
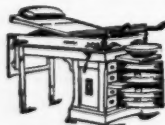
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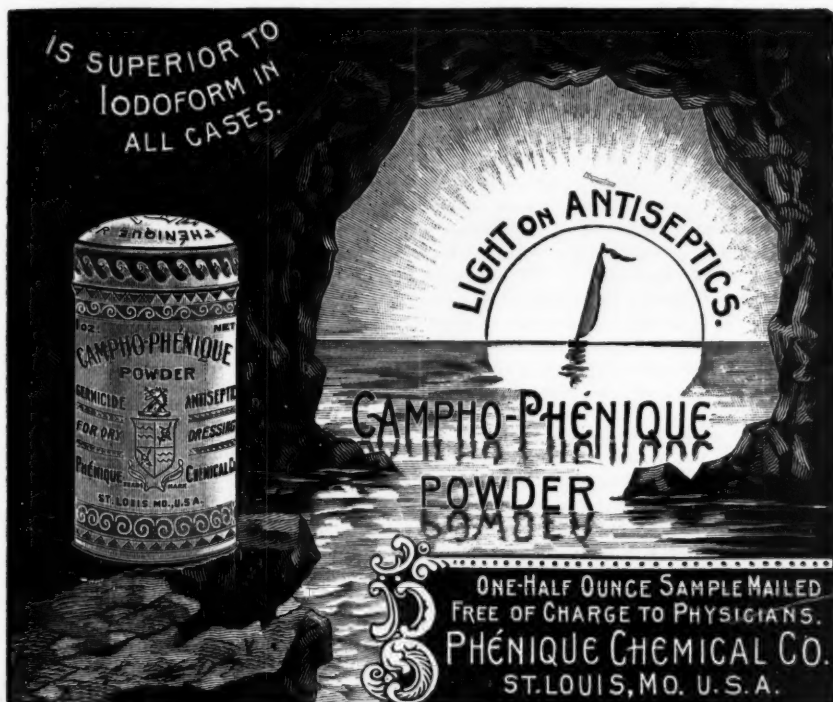
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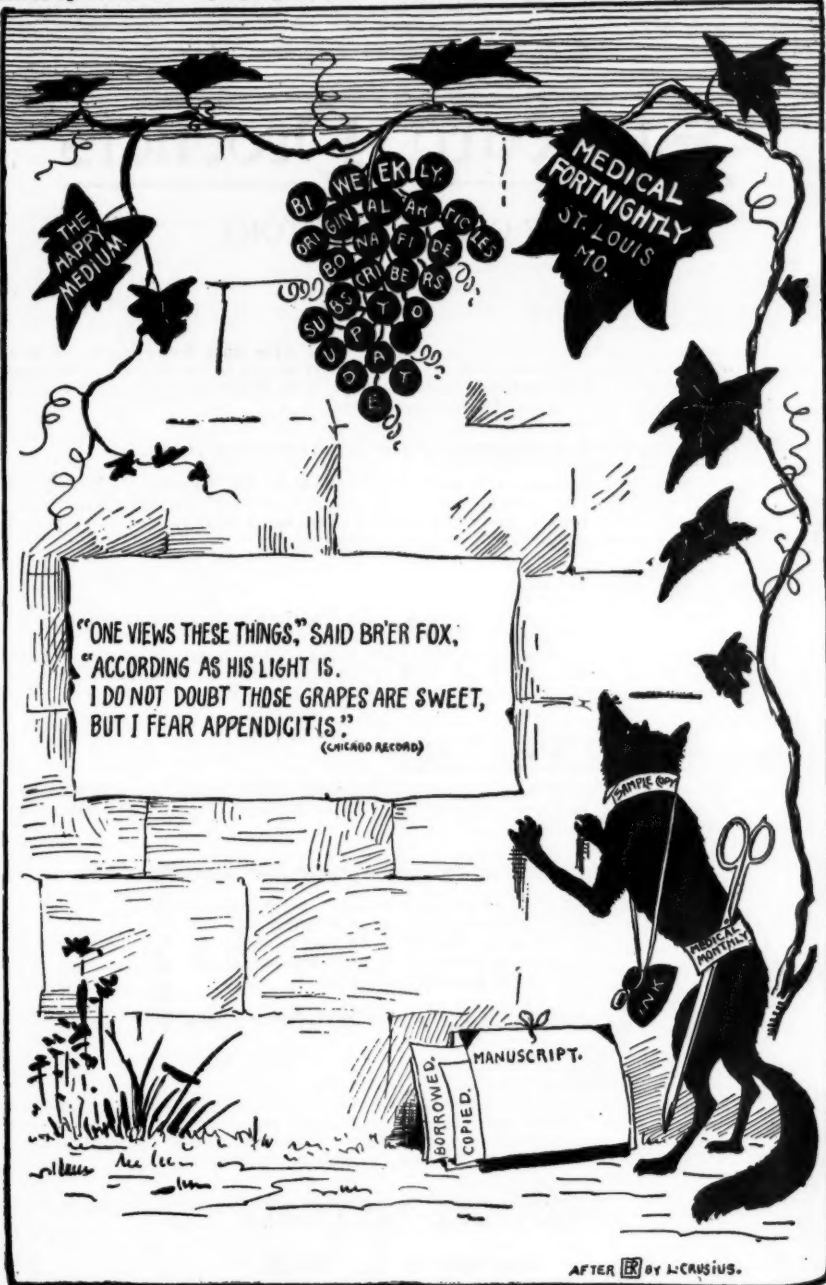
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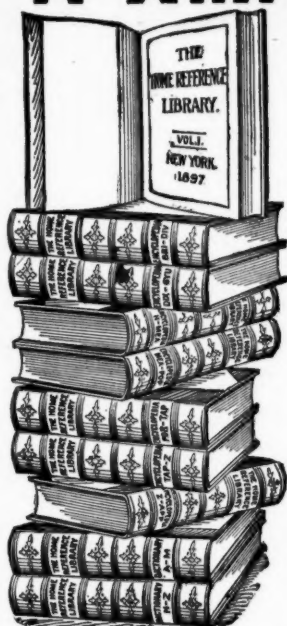
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